Shortened Review Request Form

(To ł	be filled out and signed by the Lead Agenc	${f y}$ and submit	tted with DEIR or Negative Declaration to SCH)
To:	State Clearinghouse P.O. Box 3044 Sacramento, CA 95812-3044	From:	Lead Agency Address
			Phone #: _()
SCH	#		Contact:
Proje	ect Title:		
	ect Location:		County
	City		County
	ain "exceptional circumstances" (CEQA, Sendix K are met for this project.	Section 15205	5(d)) for requesting a shortened review. Identify which of the 5 criteria in
	responsible and trustee state agencies with ny agencies that have commented on the pr		on, phone number and date of consent for the shortened review, as well additional pages, if necessary):
	esignated representative for the lead agency ficance" to this project.	y, I verify, in	their behalf, that there is no "statewide, regional, or areawide
Leng	th of review being requested:	_ days	
			Wallin Fallen
Toda	ay's Date Print Name		Signature