<b>To:</b> Office of Planning and Research P.O. Box 3044, Room 113	From: (Public Agency):
Sacramento, CA 95812-3044	
County Of:	(Address)
County of:	(/100/035)
Project Title:	
Project Applicant:	
Project Location - Specific:	
·	
Project Location - City:	Project Location - County:
Description of Nature, Purpose and Beneficia	
	ject:
Exempt Status: (check one):   Ministerial (Sec. 21080(b)(1); 15268	).
☐ Declared Emergency (Sec. 21080(b)	
☐ Emergency Project (Sec. 21080(b)(4	, , , , , ,
	nd section number:
☐ Statutory Exemptions. State code not Reasons why project is exempt:	umber:
reasons why project is exempt.	
Lead Agency Contact Person:	Area Cada/Talanhana/Eytanaian
	Area Code/Telephone/Extension:
If filed by applicant:  1. Attach certified document of exemptio	n finding.
	by the public agency approving the project? ☐ Yes ☐ No
Signature:	Date: Title:
☐ Signed by Lead Agency ☐ Sign	
Authority cited: Sections 21083 and 21110, Public Res	
Reference: Sections 21108, 21152, and 21152.1, Public Res	