To: Office of Planning and Research P.O. Box 3044, Room 113	From: (Public Agency):
Sacramento, CA 95812-3044	
County Of:	(Address)
County of:	(idd oos)
Project Title:	
Project Applicant:	
Project Location - Specific:	
Project Location - City:	Project Location - County:
Description of Nature, Purpose and Beneficiaries of Project:	
Name of Dublic Assessed Assessed Dublicate	
Name of Public Agency Approving Project:	
Exempt Status: (check one):	
☐ Ministerial (Sec. 21080(b)(1); 15268)	•
☐ Declared Emergency (Sec. 21080(b)	• • • • • • • • • • • • • • • • • • • •
☐ Emergency Project (Sec. 21080(b)(4); 15269(b)(c));	
	nd section number:mber:
Reasons why project is exempt:	
Lead Agency Contact Person:	Area Code/Telephone/Extension:
If filed by applicant:	
Attach certified document of exemption Has a Notice of Exemption been filed by	n finding. by the public agency approving the project? ☐ Yes ☐ No
Signature:	Date: Title:
☐ Signed by Lead Agency ☐ Signe	
Authority cited: Sections 21083 and 21110, Public Resc Reference: Sections 21108, 21152, and 21152.1, Public	