To: Office of Planning and Research P.O. Box 3044, Room 113	From: (Public Agency):
Sacramento, CA 95812-3044	
County of:	(Address)
County of:	(Address)
Project Title:	
Project Applicant:	
Project Location - Specific:	
Project Location - City:	Project Location - County:
Description of Nature, Purpose and Benefic	
Name of Public Agency Approving Project:	
Name of Person or Agency Carrying Out Pr	oject:
Exempt Status: (check one):	
☐ Ministerial (Sec. 21080(b)(1); 1526	·
☐ Declared Emergency (Sec. 21080(
☐ Emergency Project (Sec. 21080(b)	. , , , , , , , , , , , , , , , , , , ,
	and section number:number:
Reasons why project is exempt:	idiliber.
rieasons why project is exempt.	
Lead Agency	
Contact Person:	Area Code/Telephone/Extension:
If filed by applicant: 1. Attach certified document of exempti	on finding.
•	d by the public agency approving the project? ☐ Yes ☐ No
Signature: David Gould	Date: Title:
☐ Signed by Lead Agency ☐ Sig	
Authority cited: Sections 21083 and 21110, Public Re Reference: Sections 21108, 21152, and 21152.1, Pub	