| To: Office of Planning and Research P.O. Box 3044, Room 113 | From: (Public Agency): |
|--|---|
| Sacramento, CA 95812-3044 | |
| County of: | (Address) |
| County of: | (/100/000) |
| | |
| Project Title: | |
| Project Applicant: | |
| Project Location - Specific: | |
| | |
| Project Location - City: | Project Location - County: |
| Description of Nature, Purpose and Beneficiaries of Project: | |
| | |
| | |
| Name of Bublic Assess Assessing Brainet | |
| | |
| Exempt Status: (check one): | |
| ☐ Ministerial (Sec. 21080(b)(1); 15268); | |
| ☐ Declared Emergency (Sec. 21080(b)(3 | • |
| ☐ Emergency Project (Sec. 21080(b)(4); ☐ Categorical Exemption. State type and | . , . , , |
| | section number:ber: |
| Reasons why project is exempt: | |
| | |
| | |
| | |
| Lead Agency Contact Person: | Area Code/Telephone/Extension: |
| If filed by applicant: | |
| 1. Attach certified document of exemption fi | |
| 2. Has a Notice of Exemption been filed by | the public agency approving the project? ☐ Yes ☐ No |
| Signature: MIDOW/W | Date: $\frac{3/17/2}{}$ Title: |
| \square Signed by Lead Agency \square Signed | |
| Authority cited: Sections 21083 and 21110, Public Resour Reference: Sections 21108, 21152, and 21152.1, Public F | |