Shortened Review Request Form

(To be	e filled out and	signed by the Lead Agency	y and submit	ted with DEIR or N	egative Declarat	ion to SCH)	
То:	State Cleari P.O. Box 30 Sacramento	•	From:	City of La Canada Flintridge Address One Civic Center Drive			
				Phone #: (818)790-8881			
SCH #				Contact: Susan Koleda			
		ede the Venerable C	atholic Ch				
		215 and 273 Foothill Blvd,				s Angeles	
	_	City				County	
		circumstances" (CEQA, S for this project.	ection 15205	5(d)) for requesting a	a shortened revie	ew. Identify w	hich of the 5 criteria in
Local	Only Review						
	•	trustee state agencies with have commented on the pro		•		ent for the shor	tened review, as well
	signated represicance" to this	sentative for the lead agency project.	, I verify, in	their behalf, that the	ere is no "statew	ide, regional, o	r areawide
Lengt	h of review be	ing requested: _20	_ days				
3/31/2	2021	Susan Koleda			Finan	Lohda	
Today	y's Date	Print Name			Signature		