To: Office of Planning and Research P.O. Box 3044, Room 113	From: (Public Agency):
Sacramento, CA 95812-3044	
County Clerk County of:	(Address)
County of .	(/ idd. 655)
	
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 Approxima Projects	
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));□ Categorical Exemption. State type and 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: <u>- リ・/・ </u>
☐ Signed by Lead Agency ☐ Signed	ed by Applicant
Authority cited: Sections 21083 and 21110, Public Reso Reference: Sections 21108, 21152, and 21152.1, Public	