To: Office of Planning and Research P.O. Box 3044, Room 113	From: (Public Agency):
Sacramento, CA 95812-3044	
County Of:	(Address)
County of:	(vidaloss)
Project Title:	
Project Applicant:	
Project Location - Specific:	
Project Location - City:	Project Location - County:
Description of Nature, Purpose and Beneficiaries of Project:	
Name of Bublic Agency Approving Projects	
	ect:
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 	
5 1 7 N N	by the public agency approving the project? ☐ Yes ☐ No
Signature: UW/ Child	
☐ Signed by Lead Agency ☐ Signed	ed by Applicant
Authority cited: Sections 21083 and 21110, Public Reso Reference: Sections 21108, 21152, and 21152.1, Public	