<b>To:</b> Office of Planning and Research P.O. Box 3044, Room 113	From: (Public Agency):
Sacramento, CA 95812-3044	
County Clerk	
County of:	(Address)
Project Title:	
Project Applicant:	
Project Location - Specific:	
Project Location - City:	Project Location - County:
Description of Nature, Purpose and Beneficial	
Name of Dublic Assess Assessing Dublicat	
	ect:
Exempt Status: (check one):	<del></del>
☐ Ministerial (Sec. 21080(b)(1); 15268)	:
☐ Declared Emergency (Sec. 21080(b)	
☐ Emergency Project (Sec. 21080(b)(4)	. , , , , ,
	nd section number:
	mber:
Reasons why project is exempt:	
Lead Agency	
Contact Person:	Area Code/Telephone/Extension:
If filed by applicant:  1. Attach certified document of exemption 2. Has a Notice of Exemption been filed by	n finding. by the public agency approving the project?. □ Yes □ No
Signature: Michael McGowan	∠ Date: Title:
□ Signed by Lead Agency □ Signed	
Authority cited: Sections 21083 and 21110, Public Reso Reference: Sections 21108, 21152, and 21152.1, Public	