To: Office of Planning and Research P.O. Box 3044, Room 113	From: (Public Agency):
Sacramento, CA 95812-3044	
County of:	(Address)
County of:	(Address)
Project Title:	
Project Applicant:	
Project Location - Specific:	
Project Location - City	Project Location - County:
Description of Nature, Purpose and Beneficia	
Name of Public Agency Approving Project: _	
Name of Person or Agency Carrying Out Pro	oject:
Exempt Status: (check one):	
☐ Ministerial (Sec. 21080(b)(1); 15268	s);
☐ Declared Emergency (Sec. 21080(b	* * * * * * * * * * * * * * * * * * * *
☐ Emergency Project (Sec. 21080(b)(4	, , , , , ,
	and section number:umber:umber:
	JIIIDEI.
Reasons why project is exempt:	
Lead Agency	
Contact Person:	Area Code/Telephone/Extension:
If filed by applicant: 1. Attach certified document of exemption	
— · /	by the public agency approving the project? \square Yes \square No
Signature: Suit February	Date: Title:
☐ Signed by Lead Agency ☐ Sign	ned by Applicant
Authority cited: Sections 21083 and 21110, Public Res Reference: Sections 21108, 21152, and 21152.1, Publ	