To: Office of Planning and Research P.O. Box 3044, Room 113	From: (Public Agency):
Sacramento, CA 95812-3044	
County Of:	(Address)
County of:	(Addices)
Project Title:	
Project Applicant:	
Project Location - Specific:	
Project Location - City:	Project Location - County:
Description of Nature, Purpose and Beneficiaries of Project:	
Name of Dublic Assess Assessing Dublicat	
	ect:
Exempt Status: (check one):	eu
☐ Ministerial (Sec. 21080(b)(1); 15268)	•
□ Declared Emergency (Sec. 21080(b)	• • • • • • • • • • • • • • • • • • • •
☐ Emergency Project (Sec. 21080(b)(4)☐ Categorical Exemption. State type ar); 15269(b)(c)); nd 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 	n finding. by the public agency approving the project? ☐ Yes ☐ No
Signature: <u>Matthew Dulcich</u>	Date: Title:
☐ Signed by Lead Agency ☐ Signed	ed by Applicant
Authority cited: Sections 21083 and 21110, Public Resc Reference: Sections 21108, 21152, and 21152.1, Public	