P.O. Box 304	ning and Research 4, Room 113 CA 95812-3044	From: (Public Agency):
County Clerk		
County of:		(Address)
Project Title:		
Project Applicant:		
Project Location - S	Specific:	
Project Location - 0	City:	Project Location - County:
Description of Nature, Purpose and Beneficiaries of Project:		
Name of Public Agency Approving Project:		
Name of Person or Agency Carrying Out Project:		
Exempt Status: (check one):		
 Ministerial (Sec. 21080(b)(1); 15268); Declared Emergency (Sec. 21080(b)(3); 15269(a)); 		
$\Box = \text{Emergency Project (Sec. 21080(b)(4); 15269(b)(c));}$		
 Categorical Exemption. State type and section number:		
		Der:
Reasons why proje	ct is exempt:	
Lead Agency		Area Code/Telephone/Extension:
	ied document of exemption fin	nding. the public agency approving the project? \Box Yes \Box No
Signature: ja	son sampietro	Date: Title:
	d by Lead Agency □ Signed	
-		
Authority cited: Sections 21083 and 21110, Public Resources Code. Date Received for filing at OPR:		