<b>To:</b> Office of Planning and Research P.O. Box 3044, Room 113	From: (Public Agency):
Sacramento, CA 95812-3044	
County Of:	(Address)
County of:	(riddress)
Project Title:	
Project Applicant:	
Project Location - Specific:	
Project Location - City:	Project Location - County:
Description of Nature, Purpose and Beneficia	
Name of Dublic Assessed Assessed Dublicate	
	ect:
Exempt Status: (check one):	<del></del>
☐ 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:	
<ol> <li>Attach certified document of exemption</li> </ol>	n finding.  by the public agency approving the project? ☐ Yes ☐ No
·	Date: Title:
Signature. Truction Pulsaria	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	