To: Office of Planning and Research P.O. Box 3044, Room 113 Sacramento, CA 95812-3044	From: (Public Agency):	
County of:	(Address)	
Project Title:		
Project Applicant:		
Project Location - Specific:		
Project Location - City:	Project Location - County:	
Description of Nature, Purpose and Benefic		
Name of Public Agency Approving Project:		
Name of Person or Agency Carrying Out Pr	roject:	
Exempt Status: (check one):		
☐ Ministerial (Sec. 21080(b)(1); 1526	8);	
☐ Declared Emergency (Sec. 21080(
☐ Emergency Project (Sec. 21080(b)	. , , . , ,	
	and section number:number:	
	iumber.	
Reasons why project is exempt:		
Lood Agency		
Lead Agency Contact Person:	Area Code/Telephone/Extension:	
If filed by applicant: 1. Attach certified document of exempti	on finding.	
2. Has a Notice of Exemption been filed	d by the public agency approving the project? ☐ Yes ☐ No	
Signature: Kamara Biawogn	Date: Title:	
☐ Signed by Lead Agency ☐ Sig		
Authority cited: Sections 21083 and 21110, Public Reference: Sections 21108, 21152, and 21152.1, Pul		