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 Benefici	
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	•
☐ Declared Emergency (Sec. 21080(kg	
 ☐ Emergency Project (Sec. 21080(b)) ☐ Categorical Exemption. State type at the control of the contr	4); 15269(b)(c)); and section number:
	umber:
Reasons why project is exempt:	
projection and projec	
Lead Agency	
Contact Person:	Area Code/Telephone/Extension:
If filed by applicant: 1. Attach certified document of exemption 2. Has a Notice of Exemption been filed	on finding. I by the public agency approving the project? ☐ Yes ☐ No
· •	
Signature. 7 3554 4555 1551.	Date: Title:
☐ Signed by Lead Agency ☐ Sign	ned by Applicant
Authority cited: Sections 21083 and 21110, Public Re Reference: Sections 21108, 21152, and 21152.1, Pub	