To: Office of Planning and Research P.O. Box 3044, Room 113	From: (Public Agency):
Sacramento, CA 95812-3044	
County Of:	(Address)
County of:	(1001000)
	
Project Title:	
Project Applicant:	
Project Location - Specific:	
Project Location - City:	Project Location - County:
Description of Nature, Purpose and Beneficia	
Name of Bublic Assess Assessing Brainst.	
	ject:
Exempt Status: (check one):	,oo
☐ Ministerial (Sec. 21080(b)(1); 15268	•
□ Declared Emergency (Sec. 21080(b)	
	nd section number:
	umber:
Reasons why project is exempt:	
Load Angress	
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.	n finding. by the public agency approving the project? ☐ Yes ☐ No
·	Date: Title:
☐ Signed by Lead Agency ☐ Sign	
Authority cited: Sections 21083 and 21110, Public Res Reference: Sections 21108, 21152, and 21152.1, Publi	