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 Beneficiaries of Project:	
Name of Public Agency Approving Project:	
	ect:
Exempt Status: (check one):	
☐ Ministerial (Sec. 21080(b)(1); 15268)	
□ Declared Emergency (Sec. 21080(b))□ Emergency Project (Sec. 21080(b)(4)	• • • • • • • • • • • • • • • • • • • •
	nd section number:
☐ Statutory Exemptions. State code nu	mber:
Reasons why project is exempt:	
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 by	n finding. By the public agency approving the project?. ☐ Yes ☐ No
Signature: <u>Kamara Biawogi</u>	Date: Title:
☐ Signed by Lead Agency ☐ Signe	
Authority cited: Sections 21083 and 21110, Public Reso Reference: Sections 21108, 21152, and 21152.1, Public	