<b>To:</b> Office of Planning and Research P.O. Box 3044, Room 113	From: (Public Agency):
Sacramento, CA 95812-3044	
County Clerk	
County of:	(Address)
Project Title:	
Project Applicant:	
Project Location - Specific:	
, i	
Project Location - City:	Project Location - County:
Description of Nature, Purpose and Beneficiaries of Project:	
Name of Dublic Assess Assessing During	
	ect:
Exempt Status: (check one):	
☐ Ministerial (Sec. 21080(b)(1); 15268):	:
□ Declared Emergency (Sec. 21080(b)(	
☐ Emergency Project (Sec. 21080(b)(4)	
	d section number: mber:
Reasons why project is exempt:	niber.
rieasons why project is exempt.	
Lead Agency Contact Person:	Area Code/Telephone/Extension:
	Area Gode/ releptione/Extension.
If filed by applicant:  1. Attach certified document of exemption 2. Has a Notice of Exemption been filed by	i finding.  by the public agency approving the project? ☐ Yes ☐ No
Signature: Kamara Biawogi	Date: Title:
☐ Signed by Lead Agency ☐ Signe	
Authority cited: Sections 21083 and 21110, Public Reso Reference: Sections 21108, 21152, and 21152.1, Public	