To: Office of Planning and Resear P.O. Box 3044, Room 212	ch I	From: (Public Agency)		
Sacramento, CA 95812-3044	-			
County Clerk County of		(Address)		
Project Location - Specific:				
Project Location – City:	Pro	ject Location – County:		
Description of Nature, Purpose and	Beneficiaries of Project:			
Name of Public Agency Approving	•			
Name of Person or Agency Carrying	g Out Project:			
Exempt Status: (check one) Ministerial (Sec. 21080(b)) Declared Emergency (Sec. Emergency Project (Sec. 21) Categorical Exemption. Statutory Exemptions. State	21080(b)(3); 15269(a)); 080(b)(4); 15269(b)(c)); te type and section number:			
Reasons why project is exempt:				
Lead Agency Contact Person:	Area	Code/Telephone/Extension:		
If filed by applicant: 1. Attach certified document of 2. Has a Notice of Exemption by	exemption finding.	pproving the project?	Yes	No
Signature:	Date	: Title:		
☐ Signed by Lead Age☐ Signed by Applicant	Date received for filing	at OPR:		— Revised 200