

Shortened Review Request Form

(To be filled out and signed by the **Lead Agency** and submitted with DEIR or Negative Declaration to SCH)

To: State Clearinghouse
P.O. Box 3044
Sacramento, CA 95812-3044

From: _____
Lead Agency

Address _____

Phone #: () _____

SCH # _____

Contact: _____

Project Title: _____

Project Location: _____
City *County*

Explain "exceptional circumstances" (CEQA, Section 15205(d)) for requesting a shortened review. Identify which of the 5 criteria in Appendix K are met for this project.

List responsible and trustee state agencies with contact person, phone number and date of consent for the shortened review, as well as any agencies that have commented on the project (attach additional pages, if necessary):

As designated representative for the lead agency, I verify, in their behalf, that there is no "statewide, regional, or areawide significance" to this project.

Length of review being requested: _____ days

Today's Date

Print Name

Signature 