To: Office of Planning and Research P.O. Box 3044, Room 113	From: (Public Agency):
Sacramento, CA 95812-3044	
County Of	(Address)
County of:	(Addiess)
Project Title:	
Project Applicant:	
Project Location - Specific:	
,	
Project Location - City:	Project Location - County
Project Location - City: Project Location - County: Description of Nature, Purpose and Beneficiaries of Project:	
	•
	ect:
Exempt Status: (check one): Ministerial (Sec. 21080(b)(1); 15268) Declared Emergency (Sec. 21080(b)) Emergency Project (Sec. 21080(b)(4))	(3); 15269(a));
$\Box x$ Categorical Exemption. State type ar	nd section number: Class 1: Existing Facilities
	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: Matthew Dulcich	Date: Title:
☐ Signed by Lead Agency ☐ Signed	ed by Applicant
Authority cited: Sections 21083 and 21110, Public Resc Reference: Sections 21108, 21152, and 21152.1, Public	