10:	P.O. Box 3044, Room 212	From: (Public Agency)			
	Sacramento, CA 95812-3044				
	County Clerk County of	(Address)			
Proje	ect Title:				
Proje	ect Location - Specific:				
Proje	ect Location – City:	Project Location – County:			
Desc	ription of Nature, Purpose and Beneficiaries of Project:				
Nam	e of Public Agency Approving Project:				
Nam	e of Person or Agency Carrying Out Project:				
Exen	mpt Status: (check one) Ministerial (Sec. 21080(b)(1); 15268); Declared Emergency (Sec. 21080(b)(3); 15269(a)); Emergency Project (Sec. 21080(b)(4); 15269(b)(c)); Categorical Exemption. State type and section number Statutory Exemptions. State code number:	:			
Reas	ons why project is exempt:				
	Agency cact Person:	Area Code/Telephone/Extension	i:		
	ed by applicant: 1. Attach certified document of exemption finding. 2. Has a Notice of Exemption been filed by the public ag	ency approving the project?	Yes	No	
Sign	ature:	Date: Title:			
		filing at OPR:			
	☐ Signed by Applicant				Revised 2005