

Township: Keep original and provide copy, along with Public Summary, to requestor at no charge.

\_\_\_\_\_ Township, \_\_\_\_\_ County

Extension Form

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

### Notice to Extend Response Time for FOIA Request Michigan Freedom of Information Act, Public Act 442 of 1976, MCL 15.231, et seq.

Request No.: \_\_\_\_\_ Date Received: \_\_\_\_\_ Check if received via:  Email  Fax  Other Electronic Method  
Date of This Notice: \_\_\_\_\_ Date delivered to junk/spam folder: \_\_\_\_\_  
(Please Print or Type) Date discovered in junk/spam folder: \_\_\_\_\_

Name	Phone
Firm/Organization	Fax
Street	Email
City	State Zip

Request for:  Copy  Certified copy  Record inspection  Subscription to record issued on regular basis  
Delivery Method:  Will pick up  Will make own copies onsite  Mail to address above  Email to address above  
 Deliver on digital media provided by the township: \_\_\_\_\_

Record(s) You Requested: (Listed here or see attached copy of original request) \_\_\_\_\_

We are extending the date to respond to your FOIA request for no more than 10 business days, until \_\_\_\_\_ (month, day, year).  
Only one extension may be taken per FOIA request. If you have any questions regarding this extension, contact \_\_\_\_\_ at \_\_\_\_\_

Estimated Time Frame to Provide Records: \_\_\_\_\_ (days or date)

The time frame estimate is nonbinding upon the township, but the township is providing the estimate in good faith. Providing an estimated time frame does not relieve a public body from any of the other requirements of this act.

#### Reason for Extension:

1. The township needs to search for, collect, or appropriately examine or review a voluminous amount of separate and distinct public records pursuant to your request. Specifically, the township must:

\_\_\_\_\_  
\_\_\_\_\_

2. The township needs to collect the requested public records from numerous field offices, facilities, or other establishments that are located apart from the township office. Specifically, the township must coordinate documents from the following locations:

\_\_\_\_\_  
\_\_\_\_\_

3. Other (describe): \_\_\_\_\_

\_\_\_\_\_

Signature of FOIA Coordinator:

Date: