

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

Grand Traverse 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: \_\_\_\_\_  
Date of This Notice: \_\_\_\_\_  
(Please Print or Type)

Check if received via:  Email  Fax  Other Electronic Method  
Date delivered to junk/spam folder: \_\_\_\_\_  
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 county: \_\_\_\_\_

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 county, but the county 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 county 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 county must:

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

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

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

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

Signature of FOIA Coordinator:

Date: