

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

Echo Township, Antrim County
P.O. Box 549
Central Lake, MI 49622
Phone: (231) 544-2516

Extension Form

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:
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