Notice to Extend Response Time for FOIA Request  

<table>
<thead>
<tr>
<th>Request No.:</th>
<th>Date Received:</th>
<th>Check if received via: □ Email □ Fax □ Other Electronic Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of this Notice:</td>
<td>Date delivered to junk/spam folder:</td>
<td>Date discovered in junk/spam folder:</td>
</tr>
</tbody>
</table>

(Please Print or Type)

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone</th>
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</thead>
<tbody>
<tr>
<td>Firm/Organization</td>
<td>Fax</td>
</tr>
<tr>
<td>Street</td>
<td>Email</td>
</tr>
<tr>
<td>City</td>
<td>State</td>
</tr>
</tbody>
</table>

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 Public Health, Delta & Menominee Counties (PHDM)

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 PHDM, but PHDM 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. PHDM needs to search for, collect, or appropriately examine or review a voluminous amount of separate and distinct public records pursuant to your request. Specifically, PHDM must:
__________________________________________________________________________________________

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

☐ 3. Other (describe):
__________________________________________________________________________________________

Signature of FOIA Coordinator: ___________________________ Date: ___________________________

(Form created by MTA, MAMA and CS&T, PC, May 2015)