

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

Thomas Township, Saginaw County
249 North Miller Road
Saginaw, MI 48609
Phone: (989) 781-0150 Fax: (989) 781-0290
Email: clerk@thomastwp.org

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: _____

Name	Phone	
Firm/Organization	Fax	
Street	Email	
City	State	Zip

(Please Print or Type)

Date discovered in junk/spam folder: _____

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 Respond: _____ (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:
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