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 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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