

Northern Lakes Community Mental Health Authority

Extension Form

105 Hall Street, Traverse City, MI 49684
Phone: (231) 922-4850 Fax: (231) 935-3082
www.northernlakescmh.org

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 Northern Lakes Community Mental Health Authority (NLCMH):

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 NLCMH, but NLCMH 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 Authority 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 Authority must:

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

☐ 3. Other (describe): _____

Signature of FOIA Coordinator or designee:

Date: