

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

City of Grosse Pointe Woods, Wayne County  
20025 Mack Plaza  
Grosse Pointe Woods, MI 48236  
Phone: (313) 343-2440

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 City: \_\_\_\_\_

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 \_\_\_\_\_.  
Only one extension may be taken per FOIA request. If you have any questions regarding this extension, contact City Clerk/FOIA coordinator at 313-343-2440 or cityclerk@gpwmi.us.

Estimated Time Frame to Provide Records: \_\_\_\_\_ (days or date)  
The time frame estimate is nonbinding upon the City, but the City 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 City 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 City must:

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

3. Other (describe):

\_\_\_\_\_

Signature of FOIA Coordinator:	Date:
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