

Bay-Arenac Behavioral Health: Keep original and provide copy of both sides, along with Public Summary, to Requestor at no charge.

Bay-Arenac Behavioral Health
201 Mulholland, Bay City, MI 48708
Phone: 989-895-2300

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: _____

Table with 3 columns: Name, Firm/Organization, Street, City, State, Zip, Phone, Fax, Email. Rows for Name, Firm/Organization, Street, 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 Bay-Arenac Behavioral Health:

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 Bay-Arenac Behavioral Health, but Bay-Arenac Behavioral Health 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. Bay-Arenac Behavioral Health needs to search for, collect, or appropriately examine or review a voluminous amount of separate and distinct public records pursuant to your request. Specifically, Bay-Arenac Behavioral Health must: _____

[] 2. Bay-Arenac Behavioral Health needs to collect the requested public records from numerous field offices, facilities, or other establishments that are located apart from the Bay-Arenac Behavioral Health office. Specifically, Bay-Arenac Behavioral Health must coordinate documents from the following locations: _____

[] 3. Other (describe): _____

Signature of FOIA Coordinator: _____ Date: _____