NOTICE OF NEED FOR ADDITIONAL TIME TO RESPOND TO RECORDS REQUEST

Date:	
То:	[Requester]
	[Address]
	[Address]
	will confirm receipt on _[date of receipt]_ of your request dated to ct and/or copy the record(s) described in that request.
additi	e be advised that the District is extending the time period for response by an onal five business days from the original due date of <u>[insert date which is fiveess days after date of receipt]</u> .
Wea	are unable to comply with the request within five business days of receipt because:
	The requested record(s) are stored in whole or part in another location.
	A substantial number of records must be collected.
	The request has been made in categorical terms and an extensive search for records responsive to the request is required.
	The requested record(s) have not been located in the course of routine search and additional efforts are being made to locate them.
	The requested record(s) must be examined and evaluated by personnel having the necessary competence and discretion to determine if they are exempt from disclosure or should be disclosed only with appropriate deletions.
	The request for records is made in categorical terms and cannot be complied with in five business days without unduly burdening the operations of <u> insert name of public body </u> . The District hereby extends an opportunity to you to reduce the request to manageable proportions. Please call the undersigned to discuss how we may work with you to accommodate your request

 The [insert name of public body] needs to consult with another public body or
among two or more components of a public body having a substantial interest in
the subject matter of the request.

A response will be provided on [insert date which is 10 business days after date of receipt], unless you agree to allow the __[insert name of public body]_ to have until [insert preferred date of response]_ to respond, by contacting the undersigned at your earliest convenience. Your consent to this longer period for response would be appreciated.

_[FOIA Officer Name]	
_Freedom of Information Officer	
_c/o Central Administrative Office	
[Address]	
[Phone Number]	
[E-mail Address]	