

**SUMMIT ACADEMY NORTH**  
**FOIA Request for Public Records**

**Delivery Method (upon payment of balance due):**

☐ Pick up records in person      ☐ Mail to address below

*Please Print or Type*

Name		Phone
Firm/Organization		Fax
Street		Email
City	State	Zip

**Describe the public record(s) as specifically as possible:**

[illegible]

### Consent to Non-Statutory Extension of School District's Response Time

I have requested a copy of records or a subscription to records or the opportunity to inspect records, pursuant to the Michigan Freedom of Information Act, Public Act 442 of 1976, MCL15.231, *et seq.* I understand that the District must respond to this request within five (5) business days after receiving it, and that response may include taking a 10-business day extension. However, I hereby agree to extend the District's response time for this request until

Requester's Signature \_\_\_\_\_ Date \_\_\_\_\_

14-Apr-25