

DOUGLAS A. DUCEY

Governor



THOMAS BUSCHATZKE

Director

Date received:

Request for an Extension of Time to Submit Information for an Application

This form is to be used when requesting an extension of time to submit information in response to a written notification of deficiencies within the administrative completeness review timeframe, or a written request for additional information within the substantive review timeframe. There is no fee for requesting this extension.

Project Name: _____

Application Number: _____

Length of Time Extension Requested: _____

Reason for Request: _____

Person Submitting Request:

Printed Name: _____

Title: _____

Signature: _____ **Date:** _____

Address: _____

Phone Number: _____

Email Address: _____

Please note:

If the person submitting this request is not the authorized signatory for the application, please enclose written permission from the applicant(s) to submit this request on their behalf. Please note that the number of extensions is limited. Please contact the appropriate program for further guidance.