

REQUEST FOR EXTENSION

DATE: _____

ADDRESS: _____

CASE NO: _____

PROPERTY OWNER: _____

OWNER ADDRESS: _____

OWNERS EMAIL ADDRESS

OWNERS PHONE NUMBER

LENGTH OF EXTENSION REQUESTED: _____

REASON FOR EXTENSION: _____

EXTENSION GRANTED TO: _____

APPROVED BY: _____

Please complete and return to:

engineering1@wyandottemi.gov

3200 Biddle Avenue, Wyandotte, MI 48192