

**Agency of Human Services  
Division of Rate Setting  
103 South Main Street  
Waterbury, Vermont 05671-2201**

**Request for Extension of Time**

**IMPORTANT: This request must be filed (received) at the Division of Rate Setting prior to the due date for which the extension of time is requested.**

Provider's Name: _____	The provider is required to take the following action:
Matter (See instructions): _____	
	by (due date) _____.
<p>Pursuant to V.P.N.M.I.R. § 3.3(c), I hereby request an extension of time to (date) _____, for the following reasons: (The Division will grant extensions for good cause only.)</p>          <p>You may use additional sheets, if necessary. Are additional sheets attached? <input type="checkbox"/> No. <input type="checkbox"/> Yes. If yes, how many? _____</p>	
<p>I am the representative of the above referenced provider for this matter, pursuant to a Notice of Representation, dated _____ and filed with the Division. I understand that all correspondence on this matter will be sent to me.</p> <p>Signature: _____</p> <p>Date: _____</p>	<p>Name and Address of Representative:</p>          <p>Telephone No.: _____</p>

**For Division of Rate Setting use only.**

<p>Request filed on: (date stamp)</p>          	<p><input type="checkbox"/> Extension granted to date requested by provider's representative. <input type="checkbox"/> Extension granted to date determined by the Division.</p> <p>New due date: _____</p> <p><input type="checkbox"/> Request denied for the following reason: _____ _____.</p> <p>Signed: _____ Date: _____</p> <p>cc: Provider's Representative on _____.</p>
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