

**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) _____.

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.)

You may use additional sheets, if necessary. Are additional sheets attached? No. Yes. If yes, how many? _____

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. Signature: _____ Date: _____	Name and Address of Representative: Telephone No.: _____
---	---

For Division of Rate Setting use only.

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