



Voluntary Compliance Date Extension Request

Date: _____

Compliance Case # _____

Address of Violation(s): _____

Current Violation(s): _____

Reason for Extension:

Measures to be taken in order to achieve compliance:

Extension Requested:

7 days 14 days 21 days 30 days Other: _____

Printed Name: _____

Phone Number(s) or Email Address: _____

Signature: _____

Failure to comply within the approved compliance period will result in the case being referred to the Administrative Adjudication Bureau as outlined in LDC 89-170.

FOR OFFICE USE ONLY

Extension Approved: _____

Signed: _____

Title: _____