



TOWNSHIP OF HALFMOON

100 MUNICIPAL LANE · PORT MATILDA, PA 16870

TELEPHONE : (814) 692-9800

www.halfmoontwp.us

TIME EXTENSION FORM

DATE: _____

I, _____, grant a time extension for or on behalf of the
_____ plan, dated _____,
as last revised _____, until _____.

Signature of Owner/Agent