

FOIA Fee Waiver/Affidavit of Indigence

Michigan Freedom of Information Act, Public Act 442 of 1976; MCL 15.231, et seq.

Request #: 20 _____ - _____ Date Fee Waiver/Affidavit of Indigence Received: _____

Submit this affidavit to seek a waiver of costs due to indigency. An affidavit completed by an individual on behalf of a person claiming indigency must also complete the Designated Requestor Form on the reverse side of this form. The FOIA Coordinator will discount the first \$20.00 of the processing fee if the person requesting a public record submits an affidavit stating they are:
Indigent and receiving specific public assistance; or
If not receiving public assistance, stating facts demonstrating an inability to pay because of indigence.

Affidavit

Requestor: Print or type below information:

Date: _____

Name: _____ Phone #: _____
Firm/Organization: _____ Fax #: _____
Address: _____ E-mail: _____
City: _____ Zip: _____

I am eligible to request a waiver of the first \$20.00 of fees under Michigan Freedom of Information Act due to:
I am currently receiving public assistance in the amount of: \$ _____ per Week Month Year

Case No.: _____ Type of Assistance: _____

I am unable to pay the fee because of indigency based on the following facts:

Income: Employer Name: _____ Employer Address: _____
Length of Present Employment: _____ Average Annual Gross Pay: _____

Assets: List the dollar value of all real property, vehicles, bank deposits, bonds, stocks, or other assets owned by you below. Attach an additional sheet to this form if necessary.

- | | | | | | | | |
|----|-------|----|-------|----|-------|----|-------|
| 1. | _____ | \$ | _____ | 5. | _____ | \$ | _____ |
| 2. | _____ | \$ | _____ | 6. | _____ | \$ | _____ |
| 3. | _____ | \$ | _____ | 7. | _____ | \$ | _____ |
| 4. | _____ | \$ | _____ | 8. | _____ | \$ | _____ |

Other Facts: State any other facts showing indigency; use the back of this form, if necessary.

Signature of Person Claiming Indigency

Date

State of Michigan)
County of Livingston)SS.

Subscribed and sworn to before me this _____ day of _____, 20____ by _____
Name of Person Claiming Indigency

Notary Signature

_____, Notary Public

Printed Name of Notary

_____, County, State of Michigan

My Commission Expires: _____

Acting in the County of: _____

Affidavit of Indigency

Designated Requestor Form

Complete only if you are preparing a FOIA Fee Waiver Affidavit of Indigence for someone other than yourself.

- I have personal knowledge of the facts appearing in this affidavit.
 The person on whose behalf this affidavit is filed is unable to sign it because he/she is:
 Under 18
 Other (Describe) _____

Describe your relationship to the person on whose behalf this affidavit is filed below:

Designated Requestor: Print or type below information.

Name: _____

Address: _____
Street City State Zip

_____ Phone Email

_____ Signature of Designated Requestor Date

State of Michigan)
County of Livingston)SS.

Subscribed and sworn to before me this _____ day of _____, 20____ by _____
Name of Person Claiming Indigency

Notary Signature

_____, Notary Public
Printed Name of Notary

_____ County, State of Michigan

My Commission Expires: _____

Acting in the County of: _____