SUBMIT TO: FOIA COORDINATOR

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: _____ **State:** _____ **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. _____	$ _____		4. _____	$ _____	
2. _____	$ _____		5. _____	$ _____	
3. _____	$ _____		6. _____	$ _____	

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)
) SS.
COUNTY OF LIVINGSTON)

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: _____

UPDATED: July 1, 2015

Affidavit of Indigency

Designated Requester Form

Complete only if you are preparing an **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** _____
DATE OF BIRTH OF PERSON CLAIMING INDIGENCY

☐ **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 E-MAIL

_____ _____
SIGNATURE OF DESIGNATED REQUESTOR DATE

STATE OF MICHIGAN)
) **ss.**
COUNTY OF LIVINGSTON

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: _____