## 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.

indigency must also complete the <u>Designated Requestor Form</u> 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	AFFIDAVIT  REQUESTOR: Print or type below information: Name:   Phone #:	Request #: 20 Date Fee Waiver/Affidavit of Indigence Received:	
If not receiving public assistance, stating facts demonstrating an inability to pay because of indigence.    AFFIDAVIT	AFFIDAVIT  REQUESTOR: Print or type below Information: Name:   Phone #:	indigency must also complete the <u>Designated Requestor Form</u> on the reverse side of this form. The FOIA Coordinator will defirst \$20,00 of the processing fee if the person requesting a public record submits an affidavit stating they are:	claiming liscount
REQUESTOR: Print or type below information: Name: Name: Name: Name: Phone #: Ffax #: Address: E-mail: City: State: Zip:    am eligible to request a waiver of the first \$20.00 of fees under Michigan Freedom of Information Act due to:   1 am currently receiving public assistance in the amount of: \$ per   week   month   year   1 am unable to pay the fee because of indigency based on the following facts:   INCOME:   EMPLOYER NAME   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.	REQUESTOR: Print or type below information: Name:   Phone #;	<ul><li>Indigent and receiving specific public assistance; or</li><li>If not receiving public assistance, stating facts demonstrating an inability to pay because of indigence.</li></ul>	
Name:   Phone #:   Frax #:   Address:   E-mail:	Name:   Firm/Organization:   Fax #:	AFFIDAVIT	
Name:   Phone #:   Frax #:   Address:   E-mail:	Name:   Finn/Organization:   Fax #:	REQUESTOR: Print or type below information:	
Address: City:    State:   Zip:	Address: City:    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	Name: Phone #:	
State: Zip:    am eligible to request a waiver of the first \$20.00 of fees under Michigan Freedom of Information Act due to:   lam currently receiving public assistance in the amount of: \$ per   week   Month   YEAR     lam unable to pay the fee because of indigency based on the following facts:	City: State: Zip:    am eligible to request a waiver of the first \$20.00 of fees under Michigan Freedom of Information Act due to:   lam currently receiving public assistance in the amount of: \$ per   week   month   year     Case No.: Type of Assistance:     Per   week   month   year     I am unable to pay the fee because of indigency based on the following facts:   I am unable to pay the fee because of indigency based on the following facts:     I am unable to pay the fee because of indigency based on the following facts:     I am unable to pay the fee because of indigency based on the following facts:     I am unable to pay the fee because of indigency based on the following facts:     I am unable to pay the fee because of indigency based on the following facts:     I am unable to pay the fee because of indigency based on the following facts:     I am unable to pay the fee because of indigency based on the following facts:     I am unable to pay the fee because of indigency sate of the facts annual gross pay     Assistance:   EmpLoyer Address pay     As	Emails	
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INCOME:    EMPLOYER NAME   EMPLOYER NAME   EMPLOYMENT   EMPLOYMENT   AVERAGE ANNUAL GROSS PAY	INCOME:    EMPLOYER NAME	☐ I am currently receiving public assistance in the amount of: \$ per ☐ WEEK ☐ MONTH ☐ YEAR	
INCOME: EMPLOYER NAME  LENGTH OF PRESENT EMPLOYMENT  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. \$ 5. \$ 5. \$ \$  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 Marquette  Subscribed and sworn to before me this day of, 20 by	INCOME:    EMPLOYER NAME		
LENGTH OF PRESENT EMPLOYMENT  LENGTH OF PRESENT EMPLOYMENT  AVERAGE ANNUAL GROSS PAY  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. \$ 5. \$ 5. \$ \$  2. \$ 5. \$ 5. \$ \$  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 Marquette  Subscribed and sworn to before me this day of, 20 by	LENGTH OF PRESENT EMPLOYMENT  AVERAGE ANNUAL GROSS PAY  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. \$ 5. \$ 5. \$ \$ \$  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 )  18S.  COUNTY OF Marquette  Subscribed and sworn to before me this day of 7, 20 by NAME OF PERSON CLAIMING INDIGENCY  NOTARY SIGNATURE NOTARY NOTARY Public  PRINTED HAMBOOF NOTARY COUNTY, State of Michigan  My Commission Expires:	☐ I am unable to pay the fee because of indigency based on the following facts:	
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.	LENGTH OF PRESENT EMPLOYMENT  AVERAGE ANNUAL GROSS PAY  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. \$	INCOME.	
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Attach an additional sheet to this form if necessary.  1.	Attach an additional sheet to this form it necessary.  1. \$ \$ 5. \$ \$ 3. \$ 6. \$  OTHER FACTS: State any other facts showing indigency; use the back of this form, if necessary.  OTHER FACTS: State any other facts showing indigency; use the back of this form, if necessary.  DATE  STATE OF MICHIGAN ) SS.  COUNTY OF Marquette  Subscribed and sworn to before me this day of, 20 by  NOTARY SIGNATURE, Notary Public  PRINTED NAME OF NOTARY COUNTY, State of Michigan  My Commission Expires:		elow.
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SIGNATURE OF PERSON CLAIMING INDIGENCY  STATE OF MICHIGAN  ISS.  COUNTY OF Marquette  Subscribed and sworn to before me this day of , 20 by  NAME OF PERSON CLAIMING INDIGENCY	SIGNATURE OF PERSON CLAIMING INDIGENCY  STATE OF MICHIGAN ) SS.  COUNTY OF Marquette  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:		
STATE OF MICHIGAN ) SS.  COUNTY OF Marquette  Subscribed and sworn to before me this day of , 20 by  NAME OF PERSON CLAIMING INDIGENCY	STATE OF MICHIGAN ) SS.  COUNTY OF Marquette  Subscribed and sworn to before me this day of , 20 by  NOTARY SIGNATURE , Notary Public  PRINTED NAME OF NOTARY  County, State of Michigan  My Commission Expires:	THERE I ACTO. Clate any other lacte shorting inalgency, account back of the form in the control is the control in the control	
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STATE OF MICHIGAN ) SS.  COUNTY OF Marquette  Subscribed and sworn to before me this day of , 20 by  NAME OF PERSON CLAIMING INDIGENCY	STATE OF MICHIGAN ) SS.  COUNTY OF Marquette  Subscribed and sworn to before me this day of , 20 by NAME OF PERSON CLAIMING INDIGENCY  NOTARY SIGNATURE , Notary Public County, State of Michigan  My Commission Expires:		
COUNTY OF Marquette  Subscribed and sworn to before me this day of , 20 by  NAME OF PERSON CLAIMING INDIGENCY	Subscribed and sworn to before me this day of, 20 by	SIGNATURE OF PERSON CLAIMING INDIGENCY DATE	
COUNTY OF Marquette  Subscribed and sworn to before me this day of , 20 by  NAME OF PERSON CLAIMING INDIGENCY	COUNTY OF Marquette  Subscribed and sworn to before me this day of, 20 by  NOTARY SIGNATURE, Notary Public, Notary Public		
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NOTARY SIGNATURE	, Notary Public  PRINTED NAME OF NOTARY  County, State of Michigan  My Commission Expires:	NAME OF PERSON CLAIMING INDIC	GENCY
Makane Bulalla	PRINTED NAME OF NOTARY  County, State of Michigan  My Commission Expires:	NOTARY SIGNATURE	
PRINTED NAME OF NOTARY	County, State of Michigan  My Commission Expires:	PRINTED NAME OF NOTARY	
County, State of Michigan			
	ection in the Collins of		
	Acting in the County or:	My Commission Expires:	

## **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 ☐ The person on whose behalf this affidavit is filed is unab ☐ Under 18 ☐ DATE OF BIRTH OF PERSON CLAIMING INDIGENCY ☐ Other: (Describe)		he is:	
Describe your relationship to the person on whose behalf thi	s affidavit is filed below:		
DESIGNATED REQUESTOR: Print or type below inform			
Address:			
STREET	CITY	STATE	ZIP
PHONE	E-MAIL		
SIGNATURE OF DESIGNATED REQUESTOR	DATE		
STATE OF MICHIGAN ) ss.			
COUNTY OF Marquette			
Subscribed and sworn to before me this day of	, 20by	NAME OF PERSON CLA	AIMING INDIGENCY
NOTARY SIGNATURE, Notar	y Public		
PRINTED NAME OF NOTARY  County, State of Michigan			
My Commission Expires: Acting in the County of:			