

FREEDOM OF INFORMATION ACT AFFIDAVIT OF INDIGENCY REQUESTING PARTIAL WAIVER OF COSTS

The applicant, being duly sworn and subject to penalties of perjury, states as follows:

1. That I am making this affidavit on personal knowledge and everything herein is true and correct to the best of my knowledge.
2. That I am making a request for public records from the City of Rose City pursuant to the Michigan Freedom of Information Act, MCL 15.231 et seq., and I request that the first \$20 of fees and costs associated with this request be suspended as allowed by the Freedom of Information Act. I am indigent and (pick A or B, not both):
 - A. I am currently receiving public assistance:\$ _____,per _____ (week, month), Case No.: _____.
 - B. I am not receiving public assistance, but I am unable to pay these fees and costs because of indigency, based on the following facts: Please fill out completely, The City reserves the right to ask for additional documentation.

INCOME: Employer name and address _____

length of employment _____

average gross pay per pay period(week, two weeks, month) _____

average net pay per pay period(week, two weeks, month) _____

ASSETS: State value of car, home bank deposits, bonds, stocks, etc.

OBLIGATIONS: Itemize month rent installment payments mortgage payments, child support ect.

3. I have not received more than two discounted copies from the City of Rose City in the current calendar year.
4. This request is not being made in conjunction with outside parties in exchange for payment or other form of compensation or remuneration.

Signature of applicant

Printed name of applicant

Subscribed and sworn to before me on _____, by applicant.

_____,Notary Public Ogemaw County

My commission expires: _____

