

**FREEDOM OF INFORMATION ACT REQUEST FOR WAIVER OF COSTS**  
**NON-PROFIT ORGANIZATION**

In support of seeking a waiver of the first \$20.00 of the fee for providing records under the Freedom of Information Act, the below signed individual states the following:

1. I am the authorized representative of \_\_\_\_\_ ,  
a non-profit organization under the laws of the State of \_\_\_\_\_.
  
2. The above named organization has been formally designated by the State of Michigan to carry out activities under Subtitle C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000. Public Law 106-402, and the Protection and Advocacy for Individuals with Mental Illness Act, Public Law 99-319, or their successors, and documentation of its designation is attached.
  
3. This request is being made directly on behalf of the above-named organization or its clients.
  
4. This request is being made for a reason wholly consistent with the mission and provisions of those laws under Section 931 of the Michigan Mental Health code, 1974 Public Act #258: MCL 330.1931.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name and Title

