



CHARTER TOWNSHIP OF INDEPENDENCE
SUBMIT TO: FOIA COORDINATOR
6483 WALDON CENTER DRIVE - CLARKSTON, MICHIGAN 48348
Tel: (248) 625-5114 – Fax: (248) 625-2585
www.indtwp.com – FOIA@indtwp.com

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
_____	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 INDIGENCE _____
DATE

STATE OF MICHIGAN)
)SS.
 COUNTY OF OAKLAND)

Subscribed and sworn to before me this _____ day of _____, 20____ by _____ .
NAME OF PERSON CLAIMING INDIGENCE

NOTARY SIGNATURE

_____, Notary Public
PRINTED NAME OF NOTARY

 County, State of Michigan

My Commission Expires: _____
Acting in the County of: _____

