

Affidavit of Public Assistance/Indigency

Freedom of Information Act

Submit this affidavit if you are seeking a waiver or reduction of costs due to public assistance/indigency. If you are preparing this affidavit for another person, please also fill out the attached Designated Requestor form.

Please submit to: City of Belding Clerk's Office
120 S. Pleasant St.
Belding, MI 48809
Tel: (616) 794-1900, Ext. 210
Fax: (616) 794-0091
j.cooper@ci.belding.mi.us

Under Michigan Law, MCL 15.234, the first \$20.00 of a fee charged for a public record search and copies shall be waived if the person requesting the information is on public assistance or otherwise indigent.

AFFIDAVIT

Date of Request _____ Name _____

Address _____
Street
City
State
Zip

Telephone (optional) _____ Email (optional) _____

I request a waiver of the first \$20.00 of fees under the Michigan FOIA for the following reason(s):

I am currently receiving public assistance Type of Assistance _____

I am unable to pay the fee because of indigency, based on the following facts:

Income: _____
Employer name and address

_____ per _____
Length of present employment Average annual gross pay Average net pay week/month

Assets: State the value of all real property, vehicles, bank deposits, bonds, stocks, or other assets owned by you; use the back of this form, if necessary.

Other Facts: State any other facts showing indigency; use the back of this form, if necessary.

 Signature

Sworn or affirmed before me on _____,

 _____, Notary Public

 _____ County, State of Michigan

Commission Expires: _____

Acting in the County of _____

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Designated Requester Form

Complete this form only if you are preparing an Affidavit of Public Assistance/Indigency for someone other than yourself.

1. I have personal knowledge of the facts appearing in this affidavit.
2. The person on whose behalf this affidavit is filed is unable to sign it because he/she is:

Under 18 _____
Please provide the person's date of birth

Other _____
(Please describe.)

Please describe your relationship to person on whose behalf the affidavit is filed: _____

Your name (type or print) _____

Address _____
Street City State Zip

Telephone _____ Email _____

Signature Date _____

Sworn or affirmed before me on _____,

_____, Notary Public

_____ County, State of Michigan

Commission Expires: _____

Acting in the County of _____