

Affidavit of Indigency

Freedom of Information Act

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

Please submit to:
Western U P Health Department
FOIA Coordinator
540 Depot Street
Hancock, MI 49930

Tel: 906-482-7382
Fax: 906-482-9410
email: requests@wuphd.org

Under the Michigan FOIA, the health department will search for and copy a public record without charge for the first \$20.00 of the fee for up to 2 requests per year made by an individual who is entitled to information and who submits an affidavit stating that the individual is indigent and receiving specific public assistance or is otherwise unable to pay due to indigency.

AFFIDAVIT

Date of Request: _____ Name: _____

Address: _____
Street City State Zip

Telephone: _____ Email: _____

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

___ I have not been offered or provided payment of any kind for making this request. **(Required)**

___ I am indigent and currently receiving specific public assistance in the amount of \$_____ per _____ week/month/year

Case No. _____ Type of Assistance: _____

___ I am not receiving public assistance, but 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

Commission Expires: _____

_____ County, State of Michigan

Acting in the County of _____

Affidavit of Indigency
Designated Requester Form

Complete this form only if you are preparing an Affidavit of 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 other relevant reason(s))

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

Your name (type or print): _____

Address: _____
Street City State Zip

Phone: _____ Email: _____

_____ Date: _____
Signature

Sworn or affirmed before me on _____,

_____, Notary Public Commission Expires: _____

_____ County, State of Michigan Acting in the County of _____