



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: St. Clair County Administration
200 Grand River Ave. Ste 203
Port Huron, MI 48060
Tel: (810) 989-6900
Fax: (810) 985-3463
kmorris@stclaircounty.org

Under the Michigan FOIA, a public record search will be made and copy of a public record furnished without charge for the first \$20.00 of the fee for each request made by an individual who is entitled to information and who submits an affidavit stating that the individual is receiving public assistance or stating facts showing inability 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 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 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 _____