

City of Munising
301 E. Superior St.
Munising, MI 49862
(906) 387-2095

Affidavit of Nonprofit Designated Requester Form

Complete this form only if you are preparing an Affidavit of Nonprofit on behalf of the nonprofit organization.

1. I have personal knowledge of the facts appearing in this affidavit
2. Please state your position within the nonprofit organization:

Your name (type or print): _____

Address: _____
Street City State Zip

Phone: _____ Email: _____

By signing this Affidavit I affirm that I have the authority to submit the Affidavit of Nonprofit on behalf of the nonprofit organization and have been authorized, requested, or ordered to submit the Affidavit of Nonprofit.

Signature Date: _____

Sworn or affirmed before me on _____,

_____, Notary Public Commission Expires: _____

_____ County, State of Michigan Acting in County of _____