

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

**Affidavit of Indigency
Freedom of Information**

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 attached designated requestor form.

Please submit to: City of Munising
ATTN: FOIA Coordinator
301 E. Superior St.
Munising, MI 49862

You may also submit this form by fax to (906) 387-4512 or by email to Clerk@CityofMunising.org

Under the Michigan Freedom of Information Act ("FOIA"), a public record search will be made and a 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 and 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 _____
wk/mo/yr

Case No: _____ Type Assistance: _____

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

a. **Income:** _____

Employer Name and Address

Length of present employment

Average annual gross pay

Average Net Pay

Per

week/month

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

c. **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 County of _____