



# Affidavit of Indigency

Freedom of Information Act

Please submit to: CITY CLERK  
CITY OF MELVINDALE  
3100 OAKWOOD BLVD.  
MELVINDALE, MI 48122  
Tel: (313) 429-1040  
Fax: (313) 383-3993  
cityclerk@melvindale.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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Signature of Requestor

Subscribed and sworn before me on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, a Notary Public in  
and for \_\_\_\_\_ County, Michigan.

Notary Signature \_\_\_\_\_

My Commission Expires \_\_\_\_\_

Acting in the County of \_\_\_\_\_