



Affidavit of Indigence

Freedom of Information Act

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

Please submit to: City of Wixom — Clerk's Office
49045 Pontiac Trail
Tel: (248) 624-4557 Fax: (248) 624-0863
Email: FOIA@wixomgov.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 indigence.

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 indigence, based on the following facts:

Income:

Employer name and address _____

_____ per _____
Length of present employment Average annual gross pay Average net pay

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 indigence; use the back of this form, if necessary.

Signature _____ Date _____

Affidavit of Indigence Designated Requester Form

Complete this form only if you are preparing an Affidavit of Indigence 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.)

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

Your name (type or print) _____

Address _____
Street City State Zip

Phone _____ Email _____

Signature _____ Date _____

Sworn or affirmed before me on _____

_____, Notary Public Commission Expires: _____

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