FOIA Fee Waiver Affidavit Form

Name: ______________________________________________________  Phone: __________________________
Address: ________________  ___________________________________  Email: __________________________

Claim of Waiver of Fees Due To Indigency

I hereby claim a waiver of the first $20 of the fee for preparation and copies of the records I have requested under the Freedom of Information Act (FOIA) due to my indigency as provided in MCL 15.234(2)(a) by reason of (complete the applicable section):

☐ by reason of my receipt of the following public assistance:
______________________________________________________________

☐ as shown by the following facts:
______________________________________________________________

I certify that my request for records is not made in conjunction with anyone else in exchange for payment or remuneration to me.

Requestor’s Signature:
________________________________________________________________________

Date: __________________

Township Response:

Township Determination:

☐ Fee Waived
☐ Fee Reduced
☐ Fee Waiver Denied Due to:
  ☐ Requestor previously received discounted copies of public records twice during the current calendar year.
  ☐ Requestor made request in conjunction with outside parties who offered or provided or will provide payment or other remuneration to Requestor.

Other basis for Township determination:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Signature of FOIA Coordinator/Designee: _________________________________________

Date: _____________________________

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Adopted 4/12/17