



Affidavit of Indigency

Freedom of Information Act

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 the attached Designated Requester form.

Please submit to: Riverview City Clerk's Office
14100 Civic Park Drive
Riverview, MI 48193
Non Public Safety Phone: (734) 281-4239
Fax: (734) 281-4228 or chutchison@cityofriverview.com
Public Safety Phone (734) 281-4210, opt 3
Fax: (734) 281-281-4213 or crosebohm@cityofriverview.com

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.

Case No. _____ Type of Assistance _____

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

Income: _____

Employer name and address _____

_____ per _____
Length of present employment Average annual gross pay Average net pay week/month

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.

Signature _____

STATE OF MICHIGAN

COUNTY OF _____

Sworn or affirmed before me by _____, on _____
Signer's Printed Name Date

_____, Notary Public Printed Name: _____

Commission Expires: _____ Acting in the County of _____