



MICHIGAN  
City of White Cloud

**FOIA – AFFIDAVIT OF INDIGENCY**

|   |       |             |
|---|-------|-------------|
| <b>I. General Information</b>   |       |             |
| <p>The City of White Cloud charges fees for processing public record requests consistent with the Michigan freedom of Information Act. 1976 PA 442, MCL 15.231 et seq.<br/> MCL 15.234 provides for a waiver of the first \$20.00 of the fee if this requestor submits an affidavit stating he or she is indigent and receiving public assistance, or if not receiving public assistance, stating fact showing an inability to pay the cost due to indigence.<br/> A requester is not eligible for this waiver if:</p> <ul style="list-style-type: none"> <li>(i) The individual has previously received discounted copies of public records under MCL 15.234 from the city twice during the same calendar year or</li> <li>(ii) The individual requests the information in conjunction with outside parties that are offering or providing payment or other remuneration to the individual to make the request.</li> </ul> |       |             |
| <b>II. Requestor’s Information</b>  |       |             |
| Name:   |       |             |
| Address:  |       |             |
| Phone:  |       |             |
| Email:  |       |             |
| Are you receiving public assistance? Yes <input type="checkbox"/> No <input type="checkbox"/>   |       |             |
| If you are not receiving public assistance and are still unable to pay the fee related to the request, please explain why.  |       |             |
| Are you making this request for records in conjunction with any outside parties who are offering or providing you payment or other remuneration to make the request? Yes <input type="checkbox"/> No <input type="checkbox"/>   |       |             |
| I swear or affirm, under penalty of perjury, that the information contained in this affidavit is true and correct to the best of my information, knowledge, and belief.   |       |             |
| Requestor’s Signature (sign in front of notary with copy of State issued identification)  |       |             |
|   |       | <b>Date</b> |
| <b>III. Notary Use Only</b>   |       |             |
| Signed and sworn before me in:  |       |             |
| County  | State | Date        |
| <b>Notary Signature:</b>  |       |             |
| <b>Notary Stamp:</b>  |       |             |