

**Affidavit of Nonprofit  
Freedom of Information**

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Submit this affidavit if you are seeking a waiver of costs due to being a nonprofit organization formally designated by the State of Michigan to carry out activities under subtitle C of the developmental disabilities assistance and bill of rights act of 2000, Public Law 106-402, and the protection and advocacy for individuals with mental illness act, Public Law 99-319, or their successors (hereinafter “nonprofit organization”). If you are preparing this affidavit for the nonprofit organization, please also fill out the attached Designated Requester form.

Please submit to:     Karegnondi Water Authority  
                          ATTN: FOIA Coordinator  
                          G-4610 Beecher Road  
                          Flint, Michigan 48532

You may also submit this form by fax 810-732-9773 or by email to the FOIA Coordinator listed on the Karegnondi Water Authority webpage, which is located at [www.karegnondi.com](http://www.karegnondi.com).

Under the Michigan Freedom of Information Act (“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 nonprofit organization that is entitled to information and submits an affidavit stating that the nonprofit is making the request on behalf of the nonprofit organization or its clients, is made for a reason wholly consistent with the mission and provisions of those laws under section 931 of the mental health code, 1974 PA 258, MCL 330.1931, and is accompanied by documentation of its designation by the State of Michigan.

**AFFIDAVIT**

Date of Request: \_\_\_\_\_                      Name of nonprofit organization: \_\_\_\_\_

Address: \_\_\_\_\_  
  Street                                      City                                      State                                      Zip

Telephone: \_\_\_\_\_                      Email: \_\_\_\_\_

The nonprofit organization stated above is requesting waiver of the first \$20.00 of fees under the Michigan FOIA for the following reason(s):

- The designated requestor is making the request on behalf of the nonprofit organization or its clients; and
  
- The request is made for a reason wholly consistent with the mission and provisions of those laws under section 931 of the mental health code, 1974 PA 258, MCL 330.1931.

**You are required to attach to this form documentation of the nonprofit organization's designation by the State of Michigan.**

Signature: \_\_\_\_\_

Sworn or affirmed before me on \_\_\_\_\_,

\_\_\_\_\_

\_\_\_\_\_, Notary Public

Commission Expires: \_\_\_\_\_

\_\_\_\_\_ County, State of Michigan

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

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**Affidavit of Nonprofit  
Designated Requester Form**

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Complete this form only if you are preparing an Affidavit of Nonprofit on behalf of the nonprofit organization.

1. I have personal knowledge of the facts appearing in this affidavit.

2. Please state your position within the nonprofit organization:

\_\_\_\_\_

Your name (type or print): \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**By signing this Affidavit I affirm that I have the authority to submit the Affidavit of Nonprofit on behalf of the nonprofit organization and have been authorized, requested, or ordered to submit the Affidavit of Nonprofit.**

\_\_\_\_\_  
Signature Date: \_\_\_\_\_

Sworn or affirmed before me on \_\_\_\_\_,

\_\_\_\_\_

\_\_\_\_\_, Notary Public Commission Expires: \_\_\_\_\_

\_\_\_\_\_ County, State of Michigan Acting in the County of \_\_\_\_\_