

**Affidavit of Indigence
Freedom of Information**

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: 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.

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 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 _____
wk/mo/yr

Case No.: _____ Type of Assistance _____

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

a. Income: _____
Employer name and address

Length of present employment Average annual gross pay

Average net pay Per _____
week/month

b. 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.

c. Other Facts: State any other facts showing indigency; use the back of this form, if necessary.

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 Indigency
Designated Requester Form**

Complete this form only if you are preparing an Affidavit of Indigency 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 the 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 _____