



**AFFIDAVIT OF INDIGENCE**

(COMPLETE ONLY IF YOU ARE CLAIMING THAT YOU DO NOT HAVE THE FINANCIAL RESOURCES TO PAY FOR COPIES OF REQUESTED RECORDS)

In accordance with the Michigan Freedom of Information Act, the undersigned requests a copy of the following record(s) identified below and that I receive the discount for indigence for this FOIA request:

Department: \_\_\_\_\_

Record(s) Requested: \_\_\_\_\_

The undersigned, being first duly sworn, 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. (CHECK ONE):

\_\_\_ On this date, I am receiving \_\_\_\_\_ (type) public assistance.

\_\_\_ I am not receiving public assistance, but I am unable to pay the cost of the copies of records.

**COMPLETE THE FOLLOWING:**

EMPLOYER: \_\_\_\_\_

POSITION: \_\_\_\_\_

DEPENDANTS (STATE RELATIONSHIP): \_\_\_\_\_

\_\_\_ 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?

\_\_\_ I have not previously received discounted copies of public records from Kent County twice during the calendar year.

\_\_\_\_\_  
Name:

\_\_\_\_\_  
Date

Subscribed and sworn to before me this \_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public  
Acting in the County of \_\_\_\_\_  
My commission expires on \_\_\_\_\_.