



# 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: City of New Buffalo Clerk's Office  
224 W. Buffalo St.  
New Buffalo, MI 49117  
Tel: (269) 469-1500  
Fax: (269) 469-7917  
[clerk@cityofnewbuffalo.org](mailto:clerk@cityofnewbuffalo.org)

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.

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

Commission Expires: \_\_\_\_\_  
Acting in the County of \_\_\_\_\_

# Affidavit of Indigency Designated Requester Form

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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 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

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

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

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