

**CITY OF ANN ARBOR  
FREEDOM OF INFORMATION ACT RELEASE OF DOCUMENTS REQUEST  
AFFIDAVIT OF INDIGENCY**

*Please Print or Type*

Date Requested: \_\_\_\_\_ (Date Stamp by Receiving Dept.)

Requesting Party: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Phone No.: \_\_\_\_\_  
(Area Code) (Number) (Extension, if any)

*Under Michigan law, 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 under FOIA and who submits an affidavit of indigency.*

**AFFIDAVIT**

I AM ENTITLED TO AND ASK THE CITY OF ANN ARBOR FOR THE SUSPENSION OF FEES UP TO \$20.00 UNDER THE PROVISIONS OF THE MICHIGAN FREEDOM OF INFORMATION ACT FOR THE FOLLOWING REASON:

\_\_\_\_\_ I am currently receiving public assistance \$ \_\_\_\_\_ per \_\_\_\_\_  
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 \_\_\_\_\_

\_\_\_\_\_ Length of employment \_\_\_\_\_ Average gross pay \_\_\_\_\_ Average net pay \_\_\_\_\_ per \_\_\_\_\_ week/month

Assets: (State value of car, home, bank deposits, bonds, stocks, etc.; use back of form, if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Affiant Signature

Subscribed and sworn to before me on \_\_\_\_\_,

\_\_\_\_\_ County, Michigan.

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

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