CERTIFICATION BY PERSON OTHER THAN REQUESTING PARTY

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

2. The person in whose behalf the petition is filed is unable to sign it because:

_____ under 18 yrs of age _____
(Date of Birth of Requesting Party)

_____ disability _____
(State nature of disability)

Relationship to person in whose behalf the petition is filed: _____

_____

Date: _____

_____
Signature

_____
Name (type or print)

_____
Address

_____
City State Zip Code

_____
Phone

Subscribed and sworn to before me on _____,

_____ County, Michigan.

Commission Expires: _____

_____
Notary Public

****

City of Ann Arbor Determination (Do not complete this section)

____ Request approved Date: _____

____ Request denied Date: _____

_____
FOIA Coordinator

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