



# 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:

Berrien Conservation District  
3334 Edgewood Road  
Berrien Springs, MI 49103

Tel: (269) 471-9111 x3  
Fax: (855) 693-2482  
nancy.carpenter@macd.org

Under the Michigan FOIA, BCD will search for and copy a public record without charge for the first \$20.00 of the fee for up to 2 requests per year made by an individual who is entitled to information and who submits an affidavit stating that the individual is indigent and receiving specific public assistance or is otherwise unable 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 have not been offered or provided payment or other remuneration for making this request. (Required)
- I am indigent and currently receiving specific public assistance in the amount of \$ \_\_\_\_\_ per \_\_\_\_\_ week/month/year

Case No. \_\_\_\_\_ Type of Assistance \_\_\_\_\_

- I am not receiving public assistance, but 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 other relevant reason(s))

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 \_\_\_\_\_