

AFFIDAVIT OF INDIGENCY (FOIA Request)
RIVES TOWNSHIP, JACKSON COUNTY
348 E. Main St., Rives Jct., MI 49277

This form is to be completed by persons requesting a fee waiver for FOIA requests. This applies to the first \$20.00 of the fee (per MCL 15.234) and can be used for up to 2 requests for public records from Rives Township in any given calendar year.

*This waiver will also not apply if the requester asks for the information in conjunction with outside parties who are offering or providing payment or other remuneration to the requester to make the request.**

1. Name of Requester _____

Are you receiving public assistance? Yes _____ No _____

If you are not receiving public assistance and are still unable to pay the fee related to the request, please explain the reason(s):

2.* Is this request made for records in conjunction with any outside party that is offering or providing you payment or other remuneration to make this request? Yes _____ No _____

I swear or 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.

Requester's signature: _____ **Date:** _____

Signed and sworn before me in _____ County, State of Michigan this _____ day of _____, 20____.

Signature of Notary Public _____

Printed Name of Notary Public _____

Notary Public, State of Michigan, County of _____. My commission expires _____.

Questions?

(517) 569-3100 option 1

Email: rivestownshipclerk@frontier.com