

## AFFIDAVIT OF INDIGENCY

### I. General Information

Mid-Michigan District Health Department (MMDHD) charges fees for processing public records requests consistent with the Michigan Freedom of Information Act (FOIA), 1976 PA 442, MCL 15.231 *et seq.*

MCL 15.234 provides for a waiver of the first \$20.00 of the fee if the requester submits an affidavit stating he or she is indigent and receiving public assistance, or if not receiving public assistance, stating facts showing an inability to pay the cost due to indigence. A requester is not eligible for this waiver if (1) the individual has previously received discounted copies of public records under MCL 15.234 from MMDHD twice during the same calendar year or (2) the individual requests the information in conjunction with outside parties who are offering or providing payment or other remuneration to the individual to make the request.

**Return To:**  
FOIA Coordinator  
Mid-Michigan District Health Department  
615 N. State St.  
Stanton, MI 48888

**Email:** [PIO@mmdhd.org](mailto:PIO@mmdhd.org)  
**FAX:** 989-831- 5522

### II. Requestor's Information

Name of Requestor

Are you receiving public assistance?  
 Yes  No

If you are not receiving public assistance and are still unable to pay the fee related to request, please explain why.

Are you making this request for records in conjunction with any outside parties who are offering or providing you payment or other remuneration to make the 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.

Requestor's Signature	Date
-----------------------	------

### III. Notary Use Only

Signed and sworn before me in:

County	State Michigan	Date
--------	-------------------	------

Notary's Signature	Notary's Stamp
--------------------	----------------