



**FOIA FEE WAIVER
AFFIDAVIT OF INDIGENCE**

Request No. _____

**By Authority of the Michigan Freedom of Information Act,
P.A. 442 of 1976, as amended**

202 SOUTH WATER ST ▪ OWOSSO, MICHIGAN 48867-2958 ▪ (989) 725-0580 ▪ FAX (989) 725-0528

Copies of the City's FOIA procedures and guidelines, written public summary, and forms are available on the City website at www.ci.owosso.mi.us/FOIA. Copies of the documents on the website also are available free-of-charge at the Clerk's Office, located at 301 West Main Street, Owosso, Michigan 48867.

Name	Phone
Firm/Organization	Fax
Street	Email
City	State Zip

I request a fee waiver in connection with a Freedom of Information Act request and provide the following information concerning my present financial status in support of my request:

1. PUBLIC ASSISTANCE: I am currently receiving public assistance because of indigence <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please state the type of assistance and identify the government agency that provides it:	
2. RESIDENCE: \$ _____ per month <input type="checkbox"/> Rent <input type="checkbox"/> Mortgage <input type="checkbox"/> Room/Board <input type="checkbox"/> Live with Relatives	
3. MARITAL STATUS: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Dependents: _____ (number)	
4. INCOME: a. Employer name, address, and phone number	b. Length of Employment
	c. Average Pay <input type="checkbox"/> weekly <input type="checkbox"/> every two weeks <input type="checkbox"/> monthly Gross: \$ _____ Net: \$ _____
5. ASSETS: (state the value of car, home, bank deposits, bonds, stocks, etc. If no assets, write NONE.)	
6. OBLIGATIONS: (itemize monthly rent, installment payments, mortgage payments, child support, etc.)	

Signature: _____ Date: _____