

SANILAC COUNTY SHERIFF'S OFFICE

65 NORTH ELK STREET SANDUSKY, MICHIGAN 48471 OFFICE: (810) 648-2000 FAX: (810) 648-5162 · EMERGENCY: 9-1-1 · WWW.SANILACSHERIFF.ORG · WE ARE AN EQUAL OPPORTUNITY EMPLOYER ·

RECORDS BUREAU FOIA - AFFIDAVIT OF INDIGENCY

I. General Information

Sanilac County Sheriff's Office charges fees for processing public record requests consistent with the Michigan Freedom of Information Act (FOIA), 1976 PA 442, MCL15.231 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:

(i) the individual has previously received discounted copies of public records under MCL 15.234 twice during the same calendar year or
(ii) 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.

Provide this affidavit with along your FOIA request to the appropriate FOIA Coordinator.

II. Requestor's Information					
Name:					
Address:					
Phone:					
Email					
Are you receiving public assistance? If you are not receiving public assistant Are you making this request for record the request? Yes N I swear or affirm, under penalty of per- belief. Requestor's Signature (Sign in front of n	ds in conjunction wit o jury, that the informa	ble to pay the fee related to the h any outside parties who are of ation contained in this affidavit is	ffering or providing you payr	nent or other remur	
III. Notary Use Only					
Signed and sworn before me in:					
County		State		Date	
Notary's Signature	Notar	y Stamp			