

# VILLAGE OF UNIONVILLE

GATEWAY TO THE THUMB

6454 MERRY ST.

UNIONVILLE, MI 48767

(989) 674-2244 FAX (989) 607-6621

"THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER AND EMPLOYER"

www.unionvillemi.us

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## REQUEST FOR PARTIAL WAIVER OF COST - INDIGENCY AFFIDAVIT

Michigan Freedom of Information Act, Public Act 442 of 1976, MCL 15.231, et seq.

The applicant, being duly sworn and subject to penalties of perjury, states as follows:

1. That I am making this affidavit on personal knowledge and everything herein true and correct to the best of my knowledge.
2. That I am making a request for public records from the Village of Unionville pursuant to the Michigan Freedom of Information Act, MCL 15.231 et seq., and I request that the first \$20 of fees and costs associated with this request be suspended as allowed by the Freedom of Information Act. I am indigent and (pick A, B or both),
  - a. I am currently receiving public assistance: \$\_\_\_\_\_, per \_\_\_\_\_ (week, month), Case No.:\_\_\_\_\_.
  - b. That I am not receiving public assistance, but I am unable to pay these fees and costs because of indigency, based on the following facts: Please fill out completely.

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The Village reserves the right to ask for additional documentation.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name and Title

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TO BE COMPLETED BY VILLAGE STAFF

Date Received: \_\_\_\_\_

Staff Member: \_\_\_\_\_