

EASTPOINTE COMMUNITY SCHOOLS

AFFIDAVIT OF INDIGENCY IN CONNECTION WITH FOIA REQUEST

I, _____, state under oath as follows:
(Name)

1. I have made a request under the Freedom of Information Act ("FOIA") to the Eastpointe Community Schools, and wish to obtain a reduced fee for the costs of responding to my request, as permitted under Section 4(2)(a) of FOIA.

2. I believe I am entitled to have the first \$20 of the cost of responding to my request waived, because of either of the following:

a. I am indigent and receiving specific public assistance (please specify) _____

OR

b. I am not receiving public assistance, but am unable to pay these costs because of indigency (please specify) _____

3. I understand that I am not entitled to the reduced fee in two cases, and thus I represent that a) I have not received discounted records from Eastpointe Community Schools twice during the current calendar year, and b) I am not requesting the records on behalf another party who is offering me compensation to make this request.

(Print name)

(Address)

Subscribed and sworn to before me
this ____ day of _____, 20__

Notary Public, _____ County, MI

My commission expires _____