

**FREEDOM OF INFORMATION ACT REQUEST FOR PUBLIC RECORDS
SUSPENSION/WAIVER OF FEES AND COSTS AFFIDAVIT**

MICHIGAN FREEDOM OF INFORMATION ACT, PUBLIC ACT 442 OF 1976, MCL 15.231, *et. seq.*

Copies of the City's Freedom of Information Act Procedures and Guidelines and the Written Public Summary are maintained on the City's website at: www.oakparkmi.gov, and at Oak Park City Hall, 14000 Oak Park Blvd., Oak Park, MI, 48237. City Hall is open to the public Monday through Thursday from 8:00 A.M. to 5:00 P.M.

Mailing Address: City of Oak Park, Attn: FOIA Coordinator, 14000 Oak Park Blvd. Oak Park, MI 48237
Tel. No.: (248) 691-7544 FAX No.: (248) 691-7167 E-Mail Address: FOIACoordinator@oakparkmi.gov

For records maintained by the Department of Public Safety (i.e. accident reports, case/incident reports, etc.) the mailing address is 13800 Oak Park Blvd., Oak Park, MI 48237.
Tel. No.: (248) 691-7526 FAX No.: (248) 691-7431 E-Mail Address: PSFOIA@oakparkmi.gov

Request No.: _____ Date Received: _____ Submitted: ___ In-Person ___ By U.S. Mail ___ By Fax/Email

Date delivered to junk/spam folder: _____ Date discovered in junk/spam folder: _____

Requestor's Name: _____
(LAST) (FIRST) (MI)

Firm/Organization: _____

Requestor's Address: _____
(STREET) (CITY & STATE) (ZIP CODE)

Requestor's Telephone No.: _____ Email Address: _____

Request for: Copy Certified Copy Record Inspection

Non-Paper Physical Media (i.e. Computer Discs; Digital Drives, etc. Only if the City possesses the necessary technological capability to provide the records in the requested format)

Subscription to Record Issued on a Regular Basis

Delivery Method: Will Pick-Up Mail to Address Above Email to Address Above

DESCRIPTION OF PUBLIC RECORD(S) REQUESTED – List here or attach a copy of original request

(OVER)

AFFIDAVIT

1. I Request that the City suspend/waive fees and costs related to my Freedom of Information Act Request for Public Records for the following reason: (check either a or b)

a. I am currently receiving public assistance: My DHS case number is: _____.

OR

b. I am unable to pay fees and costs because of indigency, based on the following facts:

My average income is approximately \$_____ every Week Two Weeks Month

I am receiving unemployment benefits I am not employed

I have a motor vehicle: Year: _____ Make: _____ Model: _____
Amount Owed: \$_____

The total amount in all my bank accounts is: \$_____

Write down any other assets and how much they are worth. If you require additional space, attach a separate sheet.

I pay \$_____ in rent/mortgage every month. I pay \$_____ in utilities (water, electricity, gas) every month. I pay \$_____ for court-ordered child support. I pay \$_____ for court-ordered _____. (Specify i.e. fines and costs, restitution, probation fees, etc.)

Write down any other obligations and how much you pay. If you require additional space, attach a separate sheet.

2. The number of people living in my household is _____.

3. The Freedom of Information Act Request for Public Records for which I am seeking the suspension/waiver of fees and costs is not being made in conjunction with any outside parties in exchange for payment or other remuneration.

I am signing this affidavit for a person who is a minor. has the following disability _____.

Signature of Applicant

Name (Type or Print)

Subscribed and sworn to before me on _____, _____ County, Michigan.
Date

My commission expires: _____ Date Signature: _____
Date Notary Public

Notary Public, State of Michigan, County of _____

The Applicant has shown by ex-parte affidavit that he/she is

- Receiving public assistance, and payment of fees and costs are suspended/waived.
- Indigent and payment of fees and costs are suspended/waived.
- The Application is denied.

Name: _____
Signature of FOIA Coordinator or Representative

Date: _____