

TOWNSHIP: Keep originals and
Provide copy of both sides,
Along with Public Summary,
to requestor at no charge.

Dorr Township, Allegan County

(616) 681-9874

Affidavit of Indigence Form

FOIA Affidavit of Indigence Form

Michigan Freedom of Information Form Act, Public Act 442 of 1976, MCL 15.234

(COMPLETE ONLY IF YOU ARE CLAIMING THAT YOU DO NOT HAVE THE FINANCIAL RESOURCES TO PAY FOR COPIES OF
REQUESTED RECORDS)

In accordance with the Michigan Freedom of Information Act, the undersigned requests a copy of the
following record(s) from the Dorrr Township Public Body identified below:

Public Body: _____

Record(s) Requested: _____

The undersigned, being first duly sworn, deposes and states CHECK ONE:

A) _____ On this date _____, I am receiving public assistance.

B) _____ I am not receiving public assistance, but I am unable to pay for the following reasons:

COMPLETE THE FOLLOWING (if you are not on public assistance):

EMPLOYER: _____

POSITION: _____

LIVING EXPENSES: \$ _____

OTHER DEBTS: \$ _____

VALUE OF REAL OR PERSONAL PROPERTY: \$ _____

DEPENDENTS (STATE RELATIONSHIP): _____

Name _____

Date _____

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public _____

My commission expires on _____.