

JOSEPH G. KUSPA
Mayor

JANICE M. FERENCZ
City Clerk

CHRISTOPHER P. ROLLET
Treasurer



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Council President

CHRISTIAN GRAZIANI

KAREN E. GEORGE

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PRISCILLA AYRES-REISS

ED GAWLIK JR.

VICTORIA ARAJ

City of Southgate

FREEDOM OF INFORMATION ACT AFFIDAVIT OF INDIGENCY **REQUESTING PARTIAL WAIVER OF COSTS**

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 is true and correct to the best of my knowledge.
2. That I am making a request for public records from the City of Southgate pursuant to the Michigan Freedom of Information Act, MCL 15.231 et seq., and I request that the first \$20.00 of fees and costs associated with this request be suspended as I am indigent and (pick A or B, but not both):
 - A. I am currently receiving public assistance \$ _____, per (week or month),
Case No.; _____.
 - B. I am not receiving public assistance, but I unable to pay these fees and costs because of indigency, based on the following facts:

PLEASE FILL OUT COMPLETELY. The City reserves the right to ask for additional documentation.

INCOME: _____

Employer name and address _____ Length of employment _____

_____ Average gross pay per pay period (week/month/biweekly) _____

Average net pay per pay period (week/month/biweekly) _____

ASSETS: State value of car, home, bank deposits, bonds, stocks, etc.

OBLIGATIONS: Itemize monthly rent, installment payments, mortgage payments, child support, etc.

3. I have not received more than two discounted copies from the City of Southgate in the current calendar year.
4. This request is not being made in conjunction with outside parties in exchange for payment or other form of compensation or remuneration.

Signature of Applicant

Printed Name of Applicant

Subscribed and sworn to before me on _____, by the applicant.

_____, Notary Public

_____, County, Michigan

My commission expires: _____