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VICTORIA ARAJ

City of Southgate

FREEDOM OF INFORMATION ACT REQUEST FOR WAIVER OF COSTS NON-PROFIT ORGANIZATIONS

In support of seeking a waiver of the fee for providing records under the Freedom of Information Act, the below signed individual states the following:

1. I am the authorized representative of _____, a non-profit organization under the laws of the State of _____.
2. The above named organization has been formally designated by the State of Michigan to carry out activities under Subtitle C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000, Public Law 106-402, and the Protection and Advocacy for Individuals with mental illness Act, Public Law 99-319, or their successors, and documentation of its designation is attached.
3. This request is being made directly on behalf of the above-named organization or its clients.
4. This request is being made for a reason wholly consistent with the mission and provisions of those laws under Section 931 of the Michigan Mental Health Code, 1974 Public Act #258; MCL 330.1931.

Date: _____

Signature

Printed Name and Title