

Township: Keep original and provide copy, along with Public Summary, to requestor at no charge.

Fee Waiver Affidavit Form
Adopted 4/12/17

Osceola Township
8995 95th Ave., Ewart, MI 49631
Mailing Address: 7763 Lynn Dr, Ewart, MI 49631
231-515-2016
ClerkOsceola@gmail.com

FOIA Fee Waiver Affidavit Form

Michigan Freedom of Information Act, Public Act 442 of 1976, MCL 15.231, et seq

Name: _____ Phone: _____

Address: _____ Email: _____

Claim of Waiver of Fees Due To Indigency

I hereby claim a waiver of the first \$20 of the fee for preparation and copies of the records I have requested under the Freedom of Information Act (FOIA) due to my indigency as provided in MCL 15.234(2)(a) by reason of (complete the applicable section):

by reason of my receipt of the following public assistance:

as shown by the following facts:

I certify that my request for records is not made in conjunction with anyone else in exchange for payment or remuneration to me.

Requestor's Signature:

Date: _____

Township Response:

Township Determination:

- Fee Waived
- Fee Reduced
- Fee Waiver Denied Due to:
 - Requestor previously received discounted copies of public records twice during the current calendar year.
 - Requestor made request in conjunction with outside parties who offered or provided or will provide payment or other remuneration to Requestor.

Other basis for Township determination:

Signature of FOIA Coordinator/Designee: _____

Date: _____