**HAZEL PARK SCHOOLS**

**AFFIDAVIT OF INDIGENCY**

**IN CONNECTION WITH FOIA REQUEST**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, state under oath as follows:

(Name)

1. I have made a request under the Freedom of Information Act (“FOIA”) to the Hazel Park Schools (“HPS”), and wish to obtain a reduced fee for the costs of responding to my request, as permitted under Section 4(2)(a) of FOIA.

2. I believe I am entitled to have the first $20 of the cost of responding to my request waived, because of either of the following:

a. I am indigent and receiving specific public assistance (please specify) \_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **OR**

b. I am not receiving public assistance, but am unable to pay these costs because of indigency (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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3. I understand that I am not entitled to the reduced fee in two cases, and thus I represent that a) I have not received discounted records from HPS twice during the current calendar year, and b) I am not requesting the records on behalf another party who is offering me compensation to make this request.

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(Print name)

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Address)

Subscribed and sworn to before me

this \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public, \_\_\_\_\_\_\_\_\_\_\_ County, MI

My commission expires \_\_\_\_\_\_\_\_\_\_\_\_\_