OAK PARK

14000 Oak Park Blvd., Oak Park, MI 48237 (248) 691-7544 www.oakparkmi.gov

Waiver Suspension of Fees Affidavit

Michigan Freedom Of Information Act, Public Act 442 OF 1976, MCL 15.231, *et. seq.*

Copies of the City's Freedom of Information Act Procedures and Guidelines and the Written Public Summary are maintained on the City's website at: www.oakparkmi.gov, and at Oak Park City Hall, 14000 Oak Park Blvd., Oak Park, MI, 48237. City Hall is open to the public Mondays through Thursdays and alternating Fridays from 8 a.m. to 5 p.m.

Mailing address: City of Oak Park, Attn: FOIA Coordinator, 14000 Oak Park Blvd. Oak Park, MI 48237
Phone: (248) 691-7544 Email: FOIACoordinator@oakparkmi.gov

Mailing address: Department of Public Safety, Attn: FOIA Coordinator, 13800 Oak Park Blvd., Oak Park, MI 48237. (For records maintained by the Department of Public Safety including accident reports, case/incident reports.)
Phone: (248) 691-7526 Email: PSFOIA@oakparkmi.gov

Request number: _____ Date received: _____ Submitted: In person: ____By U.S. Mail: _____By Fax/Email: _____

Date delivered to junk/spam folder: _____ Date discovered in junk/spam folder: _____

Requestor's Name: _____
(Last) (First) (MI)

Firm/Organization: _____

Requestor's Address: _____
(Street) (City, state) (Zip Code)

Requestor's phone number.: _____ Email: _____

Request for: ☐ Copy ☐ Certified copy ☐ Record inspection

☐ Non-paper physical media (computer discs; digital drives, etcetera. Only if the City possesses the necessary technological capability to provide the records in the requested format)

☐ Subscription to record issued on a regular basis

Delivery method: ☐ Will pick-up ☐ Mail to address above ☐ Email to address above

Description of public record(s) requested – List here or attach a copy of original request

(Cont.)

AFFIDAVIT

1. I request the City suspend/waive fees and costs related to my Freedom of Information Act Request for Public Records for the following reason: (check either a or b)

   ☐ a. I am currently receiving public assistance: My DHS case number is: _____. OR

   ☐ b. I am unable to pay fees and costs because of indigency, based on the following facts: _____
   _____

My average income is approximately $_____every ☐Week ☐Two Weeks ☐ Month

☐ I am receiving unemployment benefits ☐ I am not employed

☐ I have a motor vehicle: Year: _____ Make: _____ Model: _____ Amount owed: $_____
The total amount in all my bank accounts is: $_____

Write down any other assets and how much they are worth. If you require additional space, attach a separate sheet.

_____

- I pay $_____in rent/mortgage every month.
- I pay $_____in utilities (water, electricity, gas) every month.
- I pay $_____for court-ordered child support.
- I pay $_____ for court-ordered _____. (Specify fines and costs, restitution, probation fees)

Write down any other obligations and how much you pay. If you require additional space, attach a separate sheet.

2. The number of people living in my household is _____.
3. The Freedom of Information Act Request for Public Records for which I am seeking the suspension/waiver of fees and costs is not being made in conjunction with any outside parties in exchange for payment or other remuneration.

☐I am signing this affidavit for a person who ☐is a minor. ☐has the following disability _____

_____ _____
Signature of applicant Name (type or print)

Subscribed and sworn to before me on _____, _____County, Michigan.
(Date)

My commission expires: _____ Signature: _____
(Date) (Notary Public)

Notary Public, State of Michigan, County of _____

The applicant has shown by ex-parte affidavit that he/she is:

☐ Receiving public assistance, and payment of fees and costs are suspended/waived.

☐ Indigent and payment of fees and costs are suspended/waived.

☐ The application is denied.

Date: _____

_____ _____
Name Signature of FOIA coordinator or representative