

# OAK PARK

14000 Oak Park Blvd., Oak Park, MI 48237 • (248) 691-7400 • [www.OakParkMI.gov](http://www.OakParkMI.gov)

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## 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](http://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](mailto: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](mailto: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