

Freedom of Information Act FOIA Fee Waiver – Affidavit

Requestor Name:	Requestor Type (Circle one): Public Media Attorney	Organization Name (If applicable):
Street Address:	Description of Requested Records:	
Email Address:		

Copies of the DPSCD Michigan Freedom of Information Act, MCL 15.234, policy, procedures, written public summary and forms are on the DPSCD website at http://detroitk12.org/admin/gc/		
<p>DPSCD charges applicable fees to cover its costs for providing FOIA requests. Pursuant to Section 4 of the Act, this affidavit is submitted in support of a request that the DPSCD waive the first \$20.00 of the processing fee. Consistent with the Act, the first \$20.00 of any fee must be waived for an individual entitled to receive information under the Act who submits an affidavit stating that he/she is indigent and receiving specific public assistance or, if not receiving public assistance, stating facts, showing inability to pay the cost because of indigency.</p> <p>Even if the individual can demonstrate one of the two requirements described above, the individual is ineligible for the fee waiver if: 1) he/she has previously received discounted copies of public records twice during the same calendar year; or 2) the individual is requesting information in conjunction with outside parties who are offering or providing payment or other remuneration to the individual to make the request.</p>		
I do affirm or swear under penalty of perjury that:	Circle the responses below that apply:	
1. Public Assistance: I am indigent and currently receiving the following specific public assistance:	Yes	No
2. Inability to Pay: I am unable to pay the cost because of indigency as shown by the following facts:	Yes	No
I certify that the information provided in this affidavit is accurate. I have not received discounted copies of public records from DPSCD twice during this calendar year. This request for records is not made being made in conjunction with outside parties who are offering or providing payment or other remuneration to the requestor.		
Requestor's Signature: _____		Date: _____

TO BE COMPLETED BY FOIA COORDINATOR:

Fee Waived <input type="checkbox"/>	Fee Reduced: <input type="checkbox"/>	Fee Waiver Request Denied: <input type="checkbox"/> Previously received discounted copies of public records twice in this current calendar year. <input type="checkbox"/> Request made in conjunction with outside parties who offered or will provide payment or other remuneration to the requestor. <input type="checkbox"/> Other basis for determination: _____
FOIA NO.	Request Date:	Received Date: