



530 N Rose Street Kalamazoo MI 49007  
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**FREEDOM OF INFORMATION ACT AFFIDAVIT OF  
INDIGENCY REQUESTING PARTIAL WAIVER OF COSTS**

The applicant, being duly sworn and subject to penalties of perjury, states as follows:

1. That I am making this affidavit on personal knowledge and everything herein is true and correct to the best of my knowledge.
2. That I am making a request for public records from METRO pursuant to the Michigan Freedom of Information Act, MCL 15.231 et seq., and I request that the first \$20 of fees and costs associated with this request be suspended as allowed by the Freedom of Information Act because:
  - a. I am currently receiving public assistance: \$ \_\_\_\_\_, per \_\_\_\_\_ (week, month), through \_\_\_\_\_ (name of program).
  - b. I am unable to pay those fees and costs because of indigency, based on the following facts:

Please fill out completely. METRO reserves the right to ask for additional documentation.

**INCOME:**

Employer name and address: \_\_\_\_\_

Length of employment: \_\_\_\_\_

Average gross pay: \$ \_\_\_\_\_ Per:  week  month  two weeks

\$ \_\_\_\_\_ Per:  week  month  two weeks

**ASSETS:**

State value of:

\$ \_\_\_\_\_ car

\$ \_\_\_\_\_ home

\$ \_\_\_\_\_ bank deposits, bonds, stocks, etc.

**OBLIGATIONS:**

Itemize:

\$ \_\_\_\_\_ monthly rent, installment payments, mortgage payments, child support, etc.

Signature of Applicant: \_\_\_\_\_

Subscribed and sworn to before me on \_\_\_\_\_ by the applicant.  
(Date)

Notary Public: \_\_\_\_\_

Kalamazoo County, Michigan

My Commission Expires: \_\_\_\_\_

(Date)