



FOIA Affidavit of Indigence Form

Montcalm Care Network (MCN) is permitted to charge for its costs in retrieving and duplicating documents requested pursuant to the Michigan Freedom of Information Act (FOIA).

Pursuant to Section 4 of FOIA, this affidavit is submitted in support of a request that MCN waive the fee.

I, _____, do affirm or swear under penalty of perjury that, (Check one):

___ 1. I am receiving public assistance, or

___ 2. I am unable to pay the cost for the following reasons:

Print Name

Signature

Date:

Signature of requestor was signed and sworn to before me in

_____ County, Michigan, on _____.

Notary's Signature _____ Notary's Stamp _____.

(Notary's name, county, acting in county, and date commission expires)