

# FOIA – Affidavit of Indigence

**It is the public policy of this state that all persons  
(except those persons incarcerated in state or local correctional facilities)  
are entitled to full and complete information regarding the affairs of government and  
the official acts of those who represent them as public officials and public employees.**

**The people shall be informed so that they may fully participate in the democratic  
process.**

Pursuant to Section 4 of the Freedom of Information Act, this affidavit is submitted in support of a request that Crawford County wave the fee associated with this request.

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 reason(s)

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\_\_\_\_\_

Signature of requestor

Signed and sworn before me in \_\_\_\_\_ County, Michigan,

on \_\_\_\_\_

Notary's signature \_\_\_\_\_

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