



Form FOIA Affidavit of Indigence

Detroit Wayne Integrated Health Network is permitted to charge for its costs in retrieving and duplicating documents requested pursuant to the Michigan Freedom of Information Act.

Pursuant to Section 4 of the Freedom of Information Act, this affidavit is submitted in support of a request that Detroit Wayne Integrated Health Network 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:

Signature: _____

Print Name: _____

Date: _____

Signature of requestor 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)