

**AFFIDAVIT OF INDIGENCE**

(COMPLETE ONLY IF YOU ARE CLAIMING THAT YOU DO NOT HAVE THE FINANCIAL RESOURCES TO PAY FOR COPIES OF REQUESTED RECORDS)

State of Michigan )  
 )ss  
County of \_\_\_\_\_ )

In accordance with the Michigan Freedom of Information Act, the undersigned requests a copy of the following record(s) from the Kent County Public Body identified below:

Public Body: \_\_\_\_\_

Record(s) Requested:

The undersigned, being first duly sworn, deposes and states (CHECK ONE):

\_\_\_ On this date, I am receiving public assistance.

\_\_\_ I am not receiving public assistance, but I am unable to pay the cost of the copies of records I have requested. COMPLETE THE FOLLOWING:

EMPLOYER: \_\_\_\_\_

POSITION: \_\_\_\_\_

LIVING EXPENSES: \$ \_\_\_\_\_

OTHER DEBTS: \$ \_\_\_\_\_

VALUE OF REAL OR PERSONAL PROPERTY: \$ \_\_\_\_\_

DEPENDENTS (STATE RELATIONSHIP): \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

Subscribed and sworn to before me this \_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

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

My commission expires on \_\_\_\_\_.