



FREEDOM OF INFORMATION ACT DISCOUNT REQUEST FORM

CITY OF MARQUETTE
300 W. BARAGA AVE
MARQUETTE, MI 49855
Phone: 906-228-0430
Email: clerk@marquettetemi.gov

This discount request form is for **non-police related documents**.
If you want to request police related documents visit: www.marquettetemi.gov/departments/police

Michigan Freedom of Information Act, Public Act 442 of 1976, MCL 15.231, et. seq.

Request for Discount: Indigence

A public record search must be made and a copy of a public record must be furnished without charge for the first \$20.00 of the fee for each request by an individual who is entitled to information under this act and who:

- 1) Submits an affidavit stating that the individual is indigent and receiving specific public assistance, OR
- 2) If not receiving public assistance, stating facts showing inability to pay the cost because of indigence. If a requestor is ineligible for the discount, the public body shall inform the requestor specifically of the reason for ineligibility in the public body's written response. An individual is ineligible for this fee reduction if ANY of the following apply:
 - (i) The individual has previously received discounted copies of public records from the same public body twice during that calendar year,
 - (ii) The individual requests the information in conjunction with outside parties who are offering or providing payment or other remuneration to the individual to make the request. A public body may require a statement by the requestor in the affidavit that the request is not being made in conjunction with outside parties in exchange for payment or other remuneration

I am submitting an affidavit and request that I receive the discount for indigence for this FOIA request:

Requestor's Signature

Date

Clerk's Office Use Only

Affidavit Received Eligible for Discount Ineligible for Discount



FOIA - AFFIDAVIT OF INDIGENCE

The City of Marquette charges a reasonable processing fee to fulfill FOIA Requests. Pursuant to the Freedom of Information Act, this affidavit is submitted in support of a request that the City of Marquette waive the first \$20.00 of the processing fee for the request dated _____ for records related to _____

I, _____, do affirm or swear under penalty of perjury that I am not submitting this request in conjunction with outside parties in exchange for payment or other remuneration, and;

- I am receiving public assistance, OR
- I am unable to pay the cost for the following reasons: _____

Requestor's Signature

Date

STATE OF MICHIGAN)
)ss.
COUNTY OF MARQUETTE)

Acknowledge by _____ before me on the _____ day of _____, 20_____.

Signature _____

Printed Name _____

Notary public, State of Michigan, County of _____
My commission expires _____