

City: Keep original and provide copy.

CITY OF YPSILANTI, WASHTENAW COUNTY
One S. Huron Street
Ypsilanti, MI 48197
734-483-1100

Request for Fee Discount/Waiver Form

Created by the City of Ypsilanti (July, 2015)

Requestor: The City's FOIA Procedures and Guidelines, as well as a summary, may be found at the City's website: www.cityofypsilanti.com/foia.

Request for Fee Discount/Waiver for FOIA Request

Name	Phone
Firm/Organization	Fax
Street	Email
City	State Zip

REQUEST FOR DISCOUNT BECAUSE OF INDIGENCY (NOTARIZATION REQUIRED)

- I am an indigent individual and (check one):
 - I am receiving public assistance in the form of: _____
 - I am not receiving public assistance, but am unable to pay the cost because: _____
- I have not received two discounted copies of public records from the City of Ypsilanti twice within the past calendar year.
- This request is not being made in conjunction with outside parties in exchange for payment or other remuneration.

REQUEST FOR DISCOUNT FOR NONPROFIT ORGANIZATION ADVOCATING FOR DEVELOPMENTALLY DISABLED AND MENTALLY ILL (NOTARIZATION NOT REQUIRED)

- I represent a nonprofit organization formally designated by the state to carry out activities under subtitle C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 and the Protection and Advocacy for Individuals with Mental Illness Act, and (check all that apply):
 - Documentation of said organization designation to carry out such activities is attached to this affidavit.
 - This request is being made directly on behalf of said organization.
 - This request is being made for a reason wholly consistent with the mission and provisions of those under section 931 of the Mental Health Code, 1974 PA 258, MCL 330.1931. Particularly, that reason is: _____

REQUEST FOR REDUCTION OR WAIVER OF FEE FOR PUBLIC INTEREST (NOTARIZATION NOT REQUIRED)

- A waiver or discount of the fee for this request is in the public interest because: _____
- Searching for or furnishing copies of the public record is primarily benefiting the general public because: _____

Requestor's Signature	Date
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Subscribed and sworn to before me, a Notary Public, on this _____ day of _____, 20__ by the above named _____, who has read the foregoing and says it is true to the best of his or her knowledge.

FOR OFFICE USE ONLY Request No.: _____ Date Received: _____ Check if received via: <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Other Electronic Method Date <u>delivered</u> to junk/spam folder: _____ Date <u>discovered</u> in junk/spam folder: _____

_____, Notary Public
_____, County, Michigan
Acting in the County of _____
My commission expires: _____

