

TOWNSHIP: Keep originals and  
Provide copy of both sides,  
Along with Public Summary,  
to requestor at no charge.

Dorr Township  
1683 142 Avenue, Dorr,  
MI 49323 Allegan County

Affidavit of Indigence Form

616-681-9874

## FOIA Affidavit of Indigence Form

Michigan Freedom of Information Form Act, Public Act 442 of 1976, MCL 15.234

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

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

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

Record(s) Requested: \_\_\_\_\_  
\_\_\_\_\_

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

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

B) \_\_\_\_\_ I am not receiving public assistance, but I am unable to pay for the following reasons:  
\_\_\_\_\_  
\_\_\_\_\_

COMPLETE THE FOLLOWING (if you are not on public assistance):

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 \_\_\_\_\_.