



# Kalamazoo County Government Affidavit of Indigency for Copies of Public Records

The undersigned requests a copy of the following record from the \_\_\_\_\_  
Kalamazoo County, Michigan. (Name of Office)

Describe Record Desired:

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Pursuant to Section 4(1) of the Freedom of Information Act, the undersigned being first duly sworn deposes and says: **(Fill out either A or B)**

A. ( ) On this date I am receiving public assistance as referred to in the Freedom of Information Act.

B. ( ) I am not receiving public assistance as referred to in the Freedom of Information Act, but I am unable to pay the cost of the copies of records which I have requested and in support of my assertion I show and swear the following facts are true:

1. That I have no funds with which to pay for the copies except \$ \_\_\_\_\_
2. That I own no property, real or person, which could be sold to raise funds with which to pay for the copies except \_\_\_\_\_
3. That I do ( ), do not ( ), have a spouse who is dependent upon me for support.
4. That I do ( ), do not ( ), have \_\_\_ minor children dependent upon me for their support.
5. That I owe child support payments in the amount of \$ \_\_\_\_\_ per week to the Friend of the Court and an arrearage of \$ \_\_\_\_\_
6. All of my assets do ( ), do not ( ), exceed my liabilities. If liabilities exceed assets, they do so by \$ \_\_\_\_\_

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

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

\_\_\_\_\_  
Notary Public Kalamazoo County, Michigan

My Commission Expires: \_\_\_\_\_