



EXHIBIT B
FOIA Affidavit of Indigence Form
Shiawassee County Community Mental Health Authority

Shiawassee County Community Mental Health Authority (SCCMHA) is permitted to charge for its costs in retrieving and duplicating documents requested pursuant to the Michigan Freedom of Information Act (FOIA).

Pursuant to Section 4 of FOIA, this affidavit is submitted in support of a request that SCCMHA waive the fee.

I, _____, do affirm or swear under penalty of perjury that, (Check one):

1. I am receiving public assistance, or
2. I am unable to pay the cost for the following reasons:

Print Name

Signature

Date:

Signature of requestor was signed and sworn to before me in
County, Michigan, on _____.

Notary's Signature

Notary's Stamp

(Notary's name, county, acting in county, and date commission expires)