



EXHIBIT B

FOIA Affidavit of Indigence Form

Community Mental Health Authority of Clinton, Eaton and Ingham Counties

Community Mental Health Authority – CEI (CMHA-CEI) 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 CMHA-CEI 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)