

TBHS: Keep original and provide copy, along with Public Summary, to requestor at no charge.

Tuscola Behavioral Health Systems (TBHS)  
323 North State Street  
Caro, MI 48723  
(989) 673-6191

Affidavit of Indigence Form

### FOIA Affidavit of Indigence Form

Michigan Freedom of Information Act, Public Act 442 of 1976, MCL 15.231, et seq.

Request No.: \_\_\_\_\_ Date Received: \_\_\_\_\_ Check if received via:  Email  Fax  Other Electronic Method  
Date of This Notice: \_\_\_\_\_ Date delivered to junk/spam folder: \_\_\_\_\_  
(Please Print or Type) Date discovered in junk/spam folder: \_\_\_\_\_

Name	Phone	
Firm/Organization	Fax	
Street	Email	
City	State	Zip

Request for:  Copy  Certified copy  Record inspection  Subscription to record issued on regular basis  
Delivery Method:  Will pick up  Will make own copies onsite  Mail to address above  Email to address above  
 Deliver on digital media provided by TBHS: \_\_\_\_\_

Record(s) You Requested: (Listed here or see attached copy of original request) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_ do affirm or swear under penalty of perjury that (Check one box below):

- I am receiving public assistance; or
- I am unable to pay the cost for the following reason(s):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Requester Signature : \_\_\_\_\_ Date: \_\_\_\_\_

#### Agency Response:

Agency Determination:

- Fee Waived
- Fee Reduced
- Fee Waiver Denied Due to:
  - Requestor previously received discounted copies of public records twice during the calendar year
  - Requestor made request in conjunction with outside parties who offered or provided or will provide payment or other remuneration to Requestor

Other basis for Agency determination: \_\_\_\_\_  
\_\_\_\_\_

Signature of FOIA Coordinator:	Date:
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