



EXHIBIT B

Form FOIA Affidavit of Indigence

The Detroit Wayne Mental Health Authority is permitted to charge for its costs in retrieving and duplicating documents requested pursuant to the Michigan Freedom of Information Act.

Pursuant to Section 4 of the Freedom of Information Act, this affidavit is submitted in support of a request that the Detroit Wayne Mental Health Authority 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: _____
 Date: _____

Signature of requestor 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)