

**Affidavit of Nonprofit
Freedom of Information**

Submit this affidavit if you are seeking a waiver of costs due to being a nonprofit organization formally designated by the State of Michigan to carry out activities under subtitle C of the developmental disabilities assistance and bill of rights act of 2000, Public Law 106-402, and the protection and advocacy for individuals with mental illness act, Public Law 99-319, or their successors (hereinafter "nonprofit organization"). If you are preparing this affidavit for the nonprofit organization, please also fill out the attached Designated Requester form.

Please submit to: Tuscola Area Airport Authority
ATTN: FOIA Coordinator
1750 Speirs Road
Caro, MI 48723

You may also submit this form in person to the above address.

Under the Michigan Freedom of Information Act ("FOIA"), a public record search will be made and copy of a public record furnished without charge for the first \$20.00 of the fee for each request made by nonprofit organization that is entitled to information and submits an affidavit stating that the nonprofit is making the request on behalf of the nonprofit organization or its clients, is made for a reason wholly consistent with the mission and provisions of those laws under section 931 of the mental health code, 1974 PA 258, MCL 330.1931, and is accompanied by documentation of its designation by the State of Michigan.

AFFIDAVIT

Date of Request: _____ Name of nonprofit organization: _____

Address: _____
Street City State Zip

Telephone: _____ Email: _____

The nonprofit organization stated above is requesting waiver of the first \$20.00 of fees under the Michigan FOIA for the following reason(s):

The designated requestor is making the request on behalf of the nonprofit organization or its clients; and

The request is made for a reason wholly consistent with the mission and provisions of those laws under section 931 of the mental health code, 1974 PA 258, MCL 330.1931.

You are required to attach to this form documentation of the nonprofit organization's designation by the State of Michigan.

Signature: _____

Sworn or affirmed before me on _____,

_____, Notary Public

Commission Expires: _____

_____ County, State of Michigan Acting in the County of _____

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