FREEDOM OF INFORMATION ACT REQUEST FOR WAIVER OF COSTS
NON-PROFIT ORGANIZATION

In support of seeking a waiver of the first $20 of the fee for providing records under the Freedom of Information Act, the below signed individual states the following:

1. I am the authorized representative of __________________________, a non-profit organization under the laws of the State of ________________.

2. The above named organization has been 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, and documentation of its designation is attached.

3. This request is being made directly on behalf of the above-named organization or its clients.

4. This request is being made for a reason wholly consistent with the mission and provisions of those laws under Section 931 of the Michigan Mental Health Code, 1974 Public Act #258; MCL 330.1931.

Date: __________________________

_____________________________
Signature

_____________________________
Printed Name and Title