

**Village of Lakeview  
315 S. Lincoln Avenue  
Lakeview, MI 48850  
(989)-352-6233  
(989)-352-6378 (Fax)**

**Fee Waiver Request Form:**

*Print Name:* \_\_\_\_\_ *Date:* \_\_\_\_\_  
*Address:* \_\_\_\_\_ *City:* \_\_\_\_\_ *Zip Code:* \_\_\_\_\_  
*State:* \_\_\_\_\_  
*Phone Number:* \_\_\_\_\_ *Email Address:* \_\_\_\_\_

An individual who submits an affidavit stating that the individual is indigent and receiving specific public assistance or, if not receiving public assistance, stating facts showing an inability to pay the cost because of indigence. If an individual is ineligible for a discount, then the Village of Lakeview will inform the individual of the specific reason for the ineligibility in its written response.

*Please briefly state reason(s) for waiver:*


*Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

Please Note, Applicants are ineligible *if*:

- An individual has received discounted copies of public records from [public body] twice during the calendar year;
- An individual requests information in conjunction with outside parties who are offering or providing payment, or other remuneration to the individual to make the request.