

Silver Creek Township
32764 Dixon Street, PO Box 464
Dowagiac, MI 49047
Phone: (269) 424-3025

**Affidavit of Indigency
Designated Requester Form**

Complete this form only if you are preparing an Affidavit of Indigency for someone other than yourself.

1. I have personal knowledge of the facts appearing in this affidavit.
2. The person on whose behalf this affidavit is filed is unable to sign it because he/she is:
 Under 18 _____
(Please provide the person's date of birth)
 Other _____
(Please describe other relevant reason(s))

Please describe your relationship to the person on whose behalf the affidavit is filed:

Your name (Type or print): _____

Address: _____
Street City State Zip

Phone: _____ E-mail: _____

Signature Date

Signed or attested before me on _____ (date).

Signature of Notary

Printed name of Notary

Notary Public, State of Michigan, County of Cass

My commission expires _____