Town of Easton
225 Center Road, Easton, CT 06612
FOIA Waiver of Fees Affidavit

I _____ of _____
Print Name Address

Solemnly swear under penalty of perjury or false statement that I qualify for a waiver of FOIA Fees ***(Please check the applicable box below for which you are claiming exemption to and provide proper documentation to corroborate the Affidavit.)***

_____I am receiving public assistance

Or

_____ I can demonstrate other facts showing my inability to pay due to indigence (CGS § 1-212(d) (1).

_____
Signature of Applicant

State of _____
County of _____: ss.

On this the _____ day of _____, 2025 before me, _____, the undersigned officer, personally appeared _____, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledged that he/she/they executed the same for the purposes therein contained.

In witness whereof, I hereunto set my hand.

Signature of the Notary Public: _____

Printed Name of Notary Public: _____

Date Commission Expires: _____