



# City of Albuquerque

## Office of the City Clerk

### **FEE WAIVER AFFIDAVIT FOR IPRA REQUESTS**

This form must be completed, signed, and notarized to request a waiver of IPRA-related fees due to indigency. Attach all required documentation as outlined in the Clerk's Fee Waiver Policy.

### **REQUESTOR INFORMATION**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ MI: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### **IPRA REQUEST DETAILS**

Date of IPRA Request: \_\_\_\_\_ Next Request Number: \_\_\_\_\_

### **INDIGENCY STATEMENT AND DOCUMENTATION**

I hereby declare that I am indigent and unable to pay the costs associated with my IPRA request. I have attached the following documentation (check all that apply):

- Proof of income below 150% of the federal poverty level
- Documentation of enrollment in a qualifying public assistance program
- Court-issued determination of indigency
- Other (please describe): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Sworn Statement (Must Be Notarized)**

I affirm under penalty of perjury under the laws of the State of New Mexico that the information provided in this affidavit is true and correct to the best of my knowledge. I understand that submitting false information may result in denial of this request.

Signature of Requestor: \_\_\_\_\_ Date: \_\_\_\_\_

State of New Mexico        }  
County of Bernalillo       }

This instrument was acknowledged before me on \_\_\_\_\_

by \_\_\_\_\_

(Seal)

\_\_\_\_\_

Signature of notarial officer

My commission expires: \_\_\_\_\_