

**Affidavit of Nonprofit
Designated Requester Form**

Complete this form only if you are preparing an Affidavit of Nonprofit on behalf of the nonprofit organization.

1. I have personal knowledge of the facts appearing in this affidavit.
2. Please state your position within the nonprofit organization:

Your name (type or print): _____

Address: _____
Street City State Zip

Phone: _____ Email: _____

By signing this Affidavit I affirm that I have the authority to submit the Affidavit of Nonprofit on behalf of the nonprofit organization and have been authorized, requested, or ordered to submit the Affidavit of Nonprofit.

Signature Date: _____

Sworn or affirmed before me on _____,

_____, Notary Public Commission Expires: _____

_____ County, State of Michigan Acting in the County of _____