

CONFIDENTIAL

WSSC BOARD OF ETHICS REQUEST FOR WAIVER

c/o Office of Internal Audit
14501 Sweitzer Lane, Laurel, Maryland 20707
(301) 206-8300

Your Name: _____
 First Middle Initial Last

Your Address: _____
 Street

 City State Zip Code Home Phone

DAYTIME PHONE NUMBER? _____

WHAT IS THE WSSC CODE OF ETHICS PROVISION(S) ON WHICH YOU ARE SEEKING A WAIVER?

PLEASE DESCRIBE YOUR BASIS FOR REQUESTING A WAIVER, INCLUDING AS MUCH BACKGROUND INFORMATION AS POSSIBLE (ATTACH EXTRA PAPER IF NECESSARY):

Signature

Date