

CONFIDENTIAL

WSSC BOARD OF ETHICS REQUEST FOR ADVISORY OPINION

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 AN ADVISORY OPINION?

PLEASE DESCRIBE THE REASON THAT YOU ARE REQUESTING AN ADVISORY OPINION IN DETAIL, INCLUDING AS MUCH BACKGROUND INFORMATION AS POSSIBLE (ATTACH EXTRA PAPER IF NECESSARY):

Signature

Date