FORM B

CONFIDENTIAL

WSSC BOARD OF ETHICS REQUEST FOR WAIVER

c/o Ethics Office
14501 Sweitzer Lane, Laurel, Maryland 20707
(301) 206-8300 | #EthicsQuestions@wsscwater.com

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):

_____

_____

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_____ _____
Signature Date