

**CONFIDENTIAL**

**WSSC BOARD OF ETHICS REQUEST FOR ADVISORY OPINION**

c/o Ethics Office  
14501 Sweitzer Lane, Laurel, Maryland 20707  
(301) 206-8010

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):

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date