

**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  
  
                                    \_\_\_\_\_                                      \_\_\_\_\_                                      \_\_\_\_\_                                      Home Phone  
                                    City                                      State                                      Zip Code

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