

ATTACHMENT K

MUSKEGON COUNTY WASTEWATER MANAGEMENT SYSTEM (MCWMS)

INDUSTRIAL USER REQUEST FOR CONFIDENTIALITY

In accordance with Section 8 of the MCWMS's "Ordinance to Control and Regulate Discharges," Users seeking confidentiality of information or data submitted to MCWMS are obligated to submit the following completed request. The Director will review your request and by return of this form, or a duplicate, notify you as to whether the request has been granted or denied.

This request form must be completely filled out, clearly identifying by markings, any and all documents sought to be confidential. Confidential information must be separate from non-confidential information by the User at time of submission.

User Name: _____

To what document does this request apply: _____

Nature of information sought to be kept confidential: _____

Reason for request:

- _____ Trade Secret
_____ Commercial or Financial Information
_____ Preliminary Proposal or Bid Information
_____ Other (Describe): _____

Describe efforts made by user to keep this information confidential and the harm of disclosure:

Name of person completing this form (print or type): _____

Job title of person completing this form: _____

Signature: _____ Date of Request: _____

For MCWMS use.

Date: _____

- [] Approved
[] Disapproved

Mark Eisenbarth
Director of Wastewater