

ATTACHMENT J

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.

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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: \_\_\_\_\_

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For MCWMS use.

Date: \_\_\_\_\_

- [ ] Approved
[ ] Disapproved

David Johnson
Director of Wastewater