

Attachment F to Agreement

CONFIDENTIALITY REQUEST FORM

Name of Entity Making Request (“Entity”)	Name of Entity Authorized Representative
Entity Address (Street & P.O. Box)	Title of Authorized Entity Representative
Entity City, St, ZIP	Email Address of Entity’s Authorized Representative

The Entity Authorized Representative identified above (the “undersigned”) hereby affirms that he or she has the authority to execute this form on behalf of the Entity. The undersigned further affirms that the materials and information identified below include proprietary and confidential information which qualifies as a trade secret as provided in Wis. Stat. § 19.36(5), or is otherwise material that can be kept confidential under the Wisconsin Public Records Law, Wis. Stat. §§ 19.31 to 19.39 or 196.795(9).

As such, the undersigned asks that certain pages or information, as indicated below, be treated as confidential material and not be released without giving the Entity prior notice to give its written approval, objection or other response to a request for disclosure. **Each document or page for which confidentiality is being requested must be itemized below.**

The undersigned affirms that the following is a true and accurate specific written description of the information for which confidentiality is requested. **This section identifies the sections, fields or parts of the attached document for which the request is being made and explains how the record satisfies one or more of the criteria provided in Wis. Stat. § 19.36(5) or another provision of the Wisconsin Public Records Law, Wis. Stat. § 19.31 to 19.39.**

Invoice No./Other Document Identifier	Row No. or Page No.	Summary/Description of Confidential Information (pursuant to item 3, below)	Why is the Information Confidential? (pursuant to item 4, below)

Add additional rows to table as necessary by depressing your tab key within the bottom right field

This request is supported by the affidavit herein, which contains all of the following, pursuant to Wis. Admin. Code § PSC 2.12 (3):

1. The name and address of the person making this request.
2. The name and position of the individual filing the request on the person’s behalf.

