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

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- 3. An accurate and complete summary of the contents of the record.
- 4. An explanation of 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.

The undersigned acknowledges that a determination by the Public Service Commission of Wisconsin (Commission) made in response to this request has only the effect of identifying the record as possibly exempt, in order that the record may be confidentially handled within the Commission. The undersigned acknowledge that a determination by the Commission to confidentially handle a record is not a determination that the record is exempt from disclosure under the Wisconsin Public Records Law.

In the event the designation of confidentiality of this information is challenged, the undersigned hereby agrees to provide legal counsel or other necessary assistance to defend the designation of confidentiality and agrees to hold the Commission harmless for any costs or damages arising out of the state's agreeing to withhold the materials.

The Commission considers other markings of confidential in the submitted document(s) to be insufficient. The undersigned agrees to hold the Commission harmless for any damages arising out of the release of any materials unless they are specifically identified above.

Entity Name:		
Authorized Representative Signature:		
Date:		
State of)		
) ss: County of)		
Subscribed and sworn to before me on this	day of	,
Notary Signature	<u> </u>	
Notary Expiration Date:	☐ Permanent (No Expiration Date)	

This document can be made available in alternate formats to individuals with disabilities upon request.

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