



REQUEST FOR INFORMATION FORM

**To: Executive Director/
CEO, Water Services
Regulatory Board (WASREB)
NAIROBI**

Date of Request:.....

Name of Requestor

Contact details P.O Box.....Tel:.....

Email address.....

Information Requested

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Does the information concern the life or liberty of a person – YES/NO

If yes provide details

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Applicant signature Date

For Official Use:

Received by the Information Access Officer on.....day of.....20.....