**FOI Request Form**

TITULO NG DOKUMENTO (Title of the Document):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MGA TAON/PANAHONG SAKLAW (Year):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LATUNIN (Purpose)

PANGALAN / *(Name*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CONTACT Nos\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LAGDA/ *(Signature)* : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-MAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PETSA/(date):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TIRAHAN*/ (Address*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ KATIBAYAN NG PAGKILANLAN (Proof of Identity):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 PARAAN NG PAGTANGGAP NG IMPORMASYON
 *(How would you like to receive the information?)*

 □ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Postal Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 □ Pick-up \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Fax \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 □ Others:

Gawaing itinalaga kay:

*(Submitted to) (*Lumagda sa ibaba ng pangalang nakalimbag)

Petsa/Oras ng Pagtatalaga:

 *(Date/Time of Submission)*

Taong nagpapatunay ng Gawaing Natapos:

*(Certified by)*

  *(*Lumagda sa ibaba ng pangalang nakalimbag)

Uri ng isinagawang aksyon

 *(Type of Action conducted)*

Iniskedyul ni/(Received by):

 **FOI Receiving Officer**

Remarks:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **STATUS SUMMARY** |
| **DATE** | **STATUS** | **RESPONSE** | **TRANSMITTED:** |
|  |  | □ Granted | **DATE**  |  | **METHOD** |  |
|  |  | □ Denied | **REFERENCE FILE** |
|  |  | □ Others: \_\_\_\_\_\_\_\_\_\_\_\_ |  |