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FREEDOM OF INFORMATION REQUEST FORM
(Pursuant to E.O. No. 2, s. 2016)

Please read the following information carefully before proceeding with your application. Use blue or black ink. Write neatly and in BLOCK letters. Improper or incorrectly-filled out forms will not be acted upon. Tick or mark boxes with "X" where necessary. Note: (★) denotes a MANDATORY field.

A. Requesting Party

★ Given Name		★ Surname	
Gender	Age	Landline/Fax	★ Mobile
★ Complete Address		Email	
		★ Type of ID Given	
		<input type="checkbox"/> Passport <input type="checkbox"/> Driver's License <input type="checkbox"/> GSIS/SSS ID <input type="checkbox"/> Postal ID <input type="checkbox"/> Voter's ID <input type="checkbox"/> School ID <input type="checkbox"/> Company ID <input type="checkbox"/> Others _____	
★ Preferred Mode of Communication		★ Preferred Mode of Reply	
<input type="checkbox"/> Landline <input type="checkbox"/> Mobile Number <input type="checkbox"/> Email <input type="checkbox"/> Postal Address		<input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Postal Address <input type="checkbox"/> Pick-Up at Agency	

B. Requested Information

★ Title of Document/Record Requested (Please be as detailed as possible)	★ Date or Period of Document Requested (DD/MM/YY)
★ Purpose	

C. Declaration

Privacy Notice

Once deemed valid, your information from your application will be used by the agency you have applied to, to deal with your application as set out in the Freedom of Information Executive Order No. 2. If the agency gives you access to a document, or if a document contains no personal content about you, the document will be published online in the agency's disclosure log, along with your name and date you applied, and, if another person, company or body will use or benefit from the documents sought, the name of that person, entity or body.

I declare that:

The information provided in this form is complete and correct

- I have read the Privacy Notice
- I have presented at least one (1) government-issued ID to establish proof of my identity
- I understand that it is an offense to give misleading information about my identity, and that doing so may result in a decision to refuse to process my application
- I understand that using the information other than the declared purpose may lead to legal liability.

★ Signature
★ Date Accomplished

D. FOI Receiving Officer (For Internal Use Only)

Name	Division Assigned
Date Received	Division DM Assigned
Request Recommendation <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Request Decision <input type="checkbox"/> Successful <input type="checkbox"/> Partially Successful <input type="checkbox"/> Denied
Reason for Denial <input type="checkbox"/> Invalid <input type="checkbox"/> Incomplete <input type="checkbox"/> Data is online	Reason for Partial Success
Proof of ID Presented	
Date Documents Sent	Reason for Denial <input type="checkbox"/> Invalid <input type="checkbox"/> Incomplete <input type="checkbox"/> Data is online
FOI Registry Accomplished <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Exception Which Exception? _____
FRO Signature	Date Request Finished