



REQUEST FOR INFORMATION/RECORD

Date: Feb. 4, 2022

Name of Requestor: GELECA I. MARANIXN

Address: BRGY. GABAE, BAYBAY CITY, LEYTE PhilRoof.org.ph

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Proof of Identity: PhilHealth ID

ID No.: B2020480657

Requested Information:

Service Record

No. of copies: 1

Reason & intended use of requested information/document

NBC

Signature of Requestor/Representative

Action on the request:

Approved:

RYSAN C. GUINOCOR

Director, ODAS and FOI Decision Maker

Evidence of payment: OR No. 0606957 Date: 4 Feb. 2022 Amount: 10

Disapproved:

RYSAN C. GUINOCOR

Director, ODAS and FOI Decision Maker

Remarks/reason for disapproval: