



REQUEST FOR INFORMATION/RECORD

Date: February 22, 2022

Name of Requestor: ROSE P. CAPULLA

Address: Guadalupe, Baybay City, Leyte

Contact Number: 09369274295

E-mail address: _____

Proof of Identity: ID.

ID No.: V000391

Requested Information:

TPES

No. of copies: 1

Reason & intended use of requested information/document

NBC 461 Cycle 8

RCapulla
ROSE P. CAPULLA

Signature of Requestor/Representative

Action on the request:

Approved:

RYSAN C. GUINOCOR
Director, ODAS and FOI Decision Maker

Evidence of payment: OR No. 0608049 Date: 2/22/22 Amount: 251

Disapproved:

RYSAN C. GUINOCOR
Director, ODAS and FOI Decision Maker

Remarks/reason for disapproval: