



REQUEST FOR INFORMATION/RECORD

Date: 4/4/22

Name of Requestor: NOEL M. VEGA

Address: ST. CRUZ BATA BATA CITY

Contact Number: 09068971332

E-mail address: defanforjocbest@gmail.com

Proof of Identity: DRIVER LICENSE

ID No.: HR-1-202627

Requested Information:

OE

No. of copies: 1

Reason & intended use of requested information/document

FOR EMPLOYMENT

JOSEPH C. DELANTER
Name & Signature of Requestor/Representative

Action on the request:

Approved:

RYSAN C. GUINOCOR

Director, ODAS and FOI Decision Maker

Evidence of payment: OR No. 0611436 Date: 4/4/22 Amount: 101

Disapproved:

RYSAN C. GUINOCOR

Director, ODAS and FOI Decision Maker

Remarks/reason for disapproval: