

OFFICE OF THE HEAD OF RECORDS AND ARCHIVES

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REQUEST FOR INFORMATION/RECORD

Name of Requestor: Address: Case Baybay City byte Contact Number: Proof of Identity: Requested Information: Overhood Baybay Reason & intended use of requested information/document Dr. Overhood Baybay Reason & intended use of Requested information/document Dr. Overhood Baybay Reason & intended use of Payment of Requestor/Representative Action on the request: Approved: RYSAN C. GUINOCOR Director, ODAS and FOI Decision Maker Evidence of payment: OR No Date: Amount: Disapproved: RYSAN C. GUINOCOR Director, ODAS and FOI Decision Maker Remarks/reason for disapproval:		Date: 2/17/22
Address: Case Baybay City byte Contact Number: Plass part ID ID No.: P20044300 Requested Information: Pork Cartification No. of copies:	Name of Requestor: Aizn C. Own	, ,
Contact Number:	Address: Gaas May bay Gty ba	yte
Proof of Identity: Pass port ID ID No.: P2004430b Requested Information: The Contribution of Copies: 1 Reason & intended use of requested information/document The Contribution of Copies: 1 Reason & Signature of Requestor/Representative Action on the request: Approved: RYSAN C. GUINOCOR Director, ODAS and FOI Decision Maker Evidence of payment: OR No. Date: Amount: Disapproved: RYSAN C. GUINOCOR Director, ODAS and FOI Decision Maker		
No. of copies:	Proof of Identity: Pass port ID	
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Director, ODAS and FOI Decision Maker Evidence of payment: OR No Date: Amount: Disapproved: RYSAN C. GUINOCOR Director, ODAS and FOI Decision Maker	Approved:	
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RYSAN C. GUINOCOR Director, ODAS and FOI Decision Maker	Evidence of payment: OR No Date: _	Amount:
Director, ODAS and FOI Decision Maker	Disapproved:	
Remarks/reason for disapproval:		
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