



REQUEST FOR INFORMATION/RECORD

Date: 05-30-2022

Name of Requestor: REY O. ABRILLO

Address: VSU POWER HOUSE BAYBAY CITY

Contact Number: 09352672707 TEL# 1090 E-mail address: reyabrillo.s@gmail.com

Proof of Identity: Driver's License

ID No.: UC# H12-11-002129

Requested Information:

COE

No. of copies: 1

Reason & intended use of requested information/document

FOR RENEWAL NCII

reyabrillo
REY O. ABRILLO

Name & Signature of Requestor/Representative

Action on the request:

Approved:

RYSAN C. GUINOCOR
Director, ODAS and FOI Decision Maker

Evidence of payment: OR No. 0613276 Date: 30-May-2022 Amount: 60

Disapproved:

RYSAN C. GUINOCOR
Director, ODAS and FOI Decision Maker

Remarks/reason for disapproval:
