



REQUEST FOR INFORMATION/RECORD

Date: 6/23/22

Name of Requestor: CALEXTRIO O AURE

Address: BREY, GABAS, BAYBAY CITY

Contact Number: 1TEEM

E-mail address: ✓

Proof of Identity: DRIVER LICENSE

ID No.: H12

Requested Information:

SERVICE RECORD W/ LAWOP (3)
SALN (1)
HOW PENDENCY (1)

No. of copies: 5

Reason & intended use of requested information/document

FOR RETIREMENT

CALEXTRIO O AURE

Name & Signature of Requestor/Representative

Action on the request:

Approved:

RYSAN C. GUINOCOR

Director, ODAS and FOI Decision Maker

Evidence of payment: OR No. 06/4701 Date: 6/23/22 Amount: 50/-

Disapproved:

RYSAN C. GUINOCOR

Director, ODAS and FOI Decision Maker

Remarks/reason for disapproval: