



REQUEST FOR INFORMATION/RECORD

Date: Feb. 8, 2022

Name of Requestor: Zyra May H. Centino

Address: Visca, Baybay City

Contact Number: 0922 202 2661

E-mail address: zyramay.centino

Proof of Identity: _____

ID No.: _____

Requested Information:

1. Service Records
2. NOSA

No. of copies: 1

Reason & intended use of requested information/document

NBC Cycle 8


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

Remarks/reason for disapproval:

