



REQUEST FOR INFORMATION/RECORD

Date: 2/14/2022

Name of Requestor: RONALD ARLET P. VILLABER / ALLAN A. RAMAL / ATOE A. VASQUEZ

Address: DOPAC, VSU

Contact Number: _____

E-mail address: _____

Proof of Identity: _____

ID No.: _____

Requested Information: _____

Service Records

No. of copies: 1 each

Reason & intended use of requested information/document

for NBC evaluation

ATOE A. VASQUEZ

RONALD ARLET P. VILLABER

Signature of Requestor/Representative

ALLAN A. RAMAL

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:

