



**REQUEST FOR INFORMATION/RECORD**

Date: January 4, 2021

Name of Requestor: GERONIMO T. TUMILAK SR.

Address: Drwg. Guadalupe Zone 3 Babay City, Leyte

Contact Number: 0936 436 3495

E-mail address: \_\_\_\_\_

Proof of Identity: \_\_\_\_\_

ID No.: V000659

Requested Information:

Service record 3 copies, 4wop 1 copy  
1 Last Appointment. 1 Nosa

No. of copies: 6

Reason & intended use of requested information/document

Requirements for Retirement

*[Signature]*

Signature of Requestor/Representative

**Action on the request:**

Approved:

**RYSAN C. GUINOCOR**

Director, ODAS and FOI Decision Maker

Evidence of payment: OR No. 0605929 Date: 09-Jan-22 Amount: ₱30.00

0605924

09-Jan-22

30.00

Disapproved:

₱ 60.00

**RYSAN C. GUINOCOR**

Director, ODAS and FOI Decision Maker

Remarks/reason for disapproval:

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