



REQUEST FOR INFORMATION/RECORD

Date: 04-06-22

Name of Requestor: SOLIVER B. GUMAAD

Address: Brgy. Kabalasan Baybay City Leyte

Contact Number: 0936 841 3196 / 1047

E-mail address: solivergumaad06@gmail.com

Proof of Identity: VSU I.D.

ID No.: V01234

Requested Information:

Service Record

No. of copies: 3

Reason & intended use of requested information/document

Requirement for housing application

SOLIVER B. GUMAAD

Name & Signature of Requestor/Representative

Action on the request:

Approved:

RYSAN C. GUINOCOR

Director, ODAS and FOI Decision Maker

Evidence of payment: OR No. 0611567 Date: 4/6/22 Amount: 20/-
0611539 4/5/22 10/-

Disapproved:

RYSAN C. GUINOCOR

Director, ODAS and FOI Decision Maker

Remarks/reason for disapproval: