

## OFFICE OF THE HEAD OF RECORDS AND ARCHIVES

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## REQUEST FOR INFORMATION/RECORD

				Date: 2-3-22
Name of Requestor: Address:	600KIX	E. BAN OR	at	
Address:	ADETICULTI	vot, vov		1 hanca
Contact Number:	0916602	8165	E-mail add	ress: glong.banca
Proof of Identity:	OFFICE	a	ID	No.: 00678
Requested Information	n:			
Servic	e kecor	0		
No. of copies: 2				
Reason & intended u	se of requested	d information/doc	ument	
GLOME E.				,
Signature of Request	or/Representat	tive		
Action on the reque	st:			
Approved:				
		RYSAN C. GUINC ODAS and FOI D		
Evidence of payment	: OR No	606910 Da	ite: 4 Tob.	Amount:
Disapproved:				
		RYSAN C. GUINO ODAS and FOI D		
Remarks/reason for o	disapproval:			