



REQUEST FOR INFORMATION/RECORD

Date: 3-21-22

Name of Requestor: Juanita Monter Coraza

Address: Guadalupe Baybay City Leyte

Contact Number: 09199321053 / 09266873543 E-mail address: —

Proof of Identity: ID PhilHealth ID No.: 13 250355350-7

Requested Information: service record

No. of copies: 2

Reason & intended use of requested information/document

for retirement

TERESITA M. PRADO

Name & Signature of Requestor/Representative

Action on the request:

Approved:

RYSAN C. GUINOCOR
Director, ODAS and FOI Decision Maker

Evidence of payment: OR No. 0610307 Date: 3/21/22 Amount: 201

Disapproved:

RYSAN C. GUINOCOR
Director, ODAS and FOI Decision Maker

Remarks/reason for disapproval: