



REQUEST FOR INFORMATION/RECORD

Date: 02-10-2022

Name of Requestor: DAVID C VAN TONGELEN

Address: BRGY. GUADALUPE, BAYBAY, LEYTE

Contact Number: 09053197765

E-mail address: davideduardvan@gmail.com

Proof of Identity: PhilHealth

ID No.: 13-028366186-1

Requested Information:

For Employment

No. of copies: 1

Reason & intended use of requested information/document

For Employment

DAVID C. VAN TONGELEN
Signature of Requestor/Representative

Action on the request:

Approved:

RYSAN C. GUINOCOR
Director, ODAS and FOI Decision Maker

Evidence of payment: OR No. 0006052 Date: 1/7/22 Amount: 10/-

Disapproved:

RYSAN C. GUINOCOR
Director, ODAS and FOI Decision Maker

Remarks/reason for disapproval: