

OFFICE OF THE HEAD OF **RECORDS AND ARCHIVES**

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REQUEST FOR INFORMATION/RECORD

Date: 02-10-2022
Name of Requestor: DAVID C VAN TONGELEN
Address: BRGY. GUAQUPE, BAYBAY, LEYTE
Contact Number: 09053197765 E-mail address: davideduardvan@gmailicom
Proof of Identity: Phi/Health ID No.: 13-0273 c C18C-1
Requested Information:
For Employment
No. of copies:
Reason & intended use of requested information/document For Employment
Signature of Requestor/Representative
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Action on the request:
Approved:
RYSAN C. GUINOCOR
Director, ODAS and FOI Decision Maker
Evidence of payment: OR No. 060652 Date: 1/7/22 Amount: 10/
Disapproved:
RYSAN C. GUINOCOR Director, ODAS and FOI Decision Maker
Remarks/reason for disapproval:

No.