

OFFICE OF THE HEAD OF RECORDS AND ARCHIVES

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REQUEST FOR INFORMATION/RECORD

			Date: \$2/10/2022
Name of Requestor:	MARLOW G. F	BURLAS	
Address:	Ku		
Contact Number: 0917 634 520		E-mail address: <u>marlon.burlagevsu.edn.p</u>	
Proof of Identity:	parmanant en	mplance	ID No.: 100943
Requested Information	n:		
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No. of copies:	Marie Company Company Company		
Reason & intended use	e of requested information	ation/docume	nt
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Signature of Requestor	/Representative		
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Action on the request	18		
Approved:			
	RYSAN C. Director, ODAS an	. GUINOCOR d FOI Decisio	
Evidence of payment: C)R No	Date:	Amount:
Disapproved:			
	RYSAN C.	GUINOCOR	
	Director, ODAS and		
Remarks/reason for disa	approval:		