

OFFICE OF THE HEAD OF RECORDS AND ARCHIVES

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REQUEST FOR INFORMATION/RECORD

			Date:
Name of Requestor:	charis B. Lin	n b o	
Address:	Inopacan, Lette		
Contact Number:	09485105847	E-mai	l address: Charis limbo@ www
Proof of Identity:	VSU IP		ID No.:
Requested Informatio	n: Record		
No. of copies:			
Reason & intended us	se of requested informati	ion/document	
Himbo	1		
Signature of Request	or/Representative		
Action on the reque	st:		
Approved:			
	RYSAN C. Director, ODAS and	GUINOCOR I FOI Decision Make	er
Evidence of payments	OR No. 0606789	Date: <u>02-02</u>	22 Amount: \$\overline{P}_{10.00}\$
Disapproved:			
	RYSAN C. Director, ODAS and	GUINOCOR I FOI Decision Make	er
Remarks/reason for d	isapproval:		
	*		