

OFFICE OF THE HEAD OF RECORDS AND ARCHIVES

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REQUEST FOR INFORMATION/RECORD

		Date: Quil 19 Non
Name of Requestor: Address: Contact Number: Proof of Identity: Requested Information	Ruth O. Excavinar Labar, Rayby City, Buyle 04159626403 Coryny 10 On: SALN 2020	E-mail address: <u>huth escarrance know</u> ID No.: <u>Voo194</u>
No. of copies:		ont
Reason & intended t	use of requested information/docume	ent
Name & Signature of Action on the requ	ASINAL of Requestor/Representative est:	
Approved:		
	RYSAN C. GUINOC Director, ODAS and FOI Dec	ision Maker
Evidence of payme	nt: OR No. <u>0 6 11 785</u> Date	: 4 19 22 Amount: 10/
Disapproved:		
	RYSAN C. GUINOC Director, ODAS and FOI Dec	cision Maker
Remarks/reason for	or disapproval:	