



**REQUEST FOR INFORMATION/RECORD**

Date: June 3, 2022

Name of Requestor: MARIA ROSARIO C. LIPIAN

Address: DEPARTMENT OF AGRICULTURAL EDUC. & EXT'N.

Contact Number: 1016

E-mail address: mariaosariolipian@gmail.com

Proof of Identity: PhilHealth I.D.

ID No.: 13-02558312-4

Requested Information: Certificate of Termination

No. of copies: 2

Reason & intended use of requested information/document  
for B.I.R. Termination Closure

MARIA ROSARIO C. LIPIAN  
Name & Signature of Requestor/Representative

**Action on the request:**

Approved:

**RYSAN C. GUINOCOR**  
Director, ODAS and FOI Decision Maker

Evidence of payment: OR No. \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \_\_\_\_\_

Disapproved:

**RYSAN C. GUINOCOR**  
Director, ODAS and FOI Decision Maker

Remarks/reason for disapproval: