



**REQUEST FOR INFORMATION/RECORD**

Date: Feb. 7, 2022

Name of Requestor: Mwung Daz

Address: Isulong cray

Contact Number: 09308947701

Proof of Identity: -

E-mail address: -

ID No.: -

Requested Information:

titles

No. of copies: 1

Reason & intended use of requested information/document

DAR

Mwung Daz

Signature of Requestor/Representative

**Action on the request:**

Approved:

Rysan C. Guinocor  
**RYSAN C. GUINOCOR**

Director, ODAS and FOI Decision Maker

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

Disapproved:

**RYSAN C. GUINOCOR**

Director, ODAS and FOI Decision Maker

Remarks/reason for disapproval: