



REQUEST FOR INFORMATION/RECORD

Date: 02/04/22

Name of Requestor: Maria Louella C. Tambis

Address: APF- 93 KILBURNATE ST, VSU, Baybay City, Leyte

Contact Number: 09277611023 E-mail address: _____

Proof of Identity: VNU ID ID No.: VDO87

Requested Information:

Service Record : 1. Louella Tambis
2. Markon Tambis

No. of copies: _____

Reason & intended use of requested information/document

NBC 461 Evaluation

MARIA LOUELLA C. TAMBIS
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:

