



REQUEST FOR INFORMATION/RECORD

Date: 03/09/22

Name of Requestor: RIZAL R. TAWAID

Address: Bar. Guadalupe Baybay City, Orta

Contact Number: 09269064309

E-mail address: tawaidrizal@gmail.com

Proof of Identity: VSM ID

ID No.: V000504

Requested Information: service records

VSM ID

No. of copies: 2

Reason & intended use of requested information/document

for loan (pg-ibg)

RIZAL R. TAWAID

Name & Signature of Requestor/Representative

Action on the request:

Approved:

RYSAN C. GUINOCOR
Director, ODAS and FOI Decision Maker

Evidence of payment: OR No. 0609378 Date: 2/9/22 Amount: 10/-

Disapproved:

RYSAN C. GUINOCOR
Director, ODAS and FOI Decision Maker

Remarks/reason for disapproval: