

OFFICE OF THE HEAD OF RECORDS AND ARCHIVES

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REQUEST FOR INFORMATION/RECORD

		Date: 6 17 2000	
Name of Requestor:	ELIZABETH S. QUEVEDO		
Address:	DOPAC		
Contact Number:	09178905658	E-mail address: elirabeth greve	boorsundup
Proof of Identity:		0	
Requested Information	on: TPES - Certificallin	8	_
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The	ref		
ELIZABETH S			
Name & Signature of	Requestor/Representative		
Action on the reque	est:		
Approved:			
	RYSAN C. GUINOCO Director, ODAS and FOI Dec	ision Maker	
Evidence of payment	t: OR No. <u>0614744</u> Date:	$\frac{ \omega _{17} _{27}}{28}$ Amount: $\frac{25}{2}$	-
Disapproved:			
	RYSAN C. GUINOC		
	Director, ODAS and FOI Dec	ision Maker	
Remarks/reason for	disapproval:		,