



REQUEST FOR INFORMATION/RECORD

Date: 06-09-2022

Name of Requestor: AL FRANJON M. VILLAROSA
Address: BIRGY HIPUSNGO BAYBAY LEYTE
Contact Number: 09053159329 / DLABS E-mail address: —
Proof of Identity: YCM ID ID No.: V00712
Requested Information: TPES 2013 - 2016

No. of copies: 2

Reason & intended use of requested information/document

FOR NBC

AL FRANJON M. VILLAROSA
Name & Signature of Requestor/Representative

Action on the request:

Approved:

RYSAN C. GUINOCOR

Director, ODAS and FOI Decision Maker

Evidence of payment: OR No. 0613858 Date: 6/9/22 Amount: 50/-

Disapproved:

RYSAN C. GUINOCOR

Director, ODAS and FOI Decision Maker

Remarks/reason for disapproval: