



**REQUEST FOR INFORMATION/RECORD**

Date: JULY 01, 2022

Name of Requestor: ERN OLIVER C. BALONDO

Address: BRGY. GABAS, BAYBAY CITY, LEYTE

Contact Number: 09203111980 IPBS

E-mail address: emoliver-balondo@vsu.edu.ph

Proof of Identity: TAX IDENTIFICATION NUMBER

ID No.: 357-428-424

Requested Information:

SERVICE RECORD

No. of copies: 2 COPIES

Reason & intended use of requested information/document

HOUSING APPLICATION

E. Balondo  
ERN OLIVER C. BALONDO

Name & Signature of Requestor/Representative

**Action on the request:**

Approved:

**RYSAN C. GUINOCOR**

Director, ODAS and FOI Decision Maker

Evidence of payment: OR No. 0615420 Date: 7/1/22 Amount: 201

Disapproved:

**RYSAN C. GUINOCOR**

Director, ODAS and FOI Decision Maker

Remarks/reason for disapproval: