



REQUEST FOR INFORMATION/RECORD

Date: 2/8/22

Name of Requestor: APRIL GAYLE V. CALUNANGAN

Address: ZONE 2, BRGY. GUADALUPE, BAYBAY CITY

Contact Number: 09175339495

E-mail address: _____

Proof of Identity: Driver's License

ID No.: H12-14-000021

Requested Information: SERVICE RECORD

No. of copies: 1

Reason & intended use of requested information/document
NBC



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:

