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# FREEDOM OF INFORMATION REQUEST FORM

(Pursuant to Executive Order No. 2, s. 2016)  
(as of November 2016)

Please read the following information carefully before proceeding with your application. Use blue or black ink. Write neatly and in BLOCK letters. Improper or incorrectly-filled out forms will not be acted upon. Tick or mark boxes with "X" where necessary. Note (\*) denotes a MANDATORY field.

## A. Requesting Party

You are required to supply your name and address for correspondence. Additional contact details will help us deal with your application and correspond with you in the manner you prefer.

1. Title (e.g. Mr, Mrs, Ms, Miss) \_\_\_\_\_

2. Given Name/s (including M.I.) \* \_\_\_\_\_

3. Surname \* \_\_\_\_\_

4. Complete Address (Apt, House Number, Street, City/Municipality, Province) \* \_\_\_\_\_

5. Landline/Fax \_\_\_\_\_

6. Mobile \* \_\_\_\_\_

7. Email \* \_\_\_\_\_

8. Preferred Mode of Communication  Landline  Mobile Number  Email  Postal Address  
(If your request is successful, we will be sending the documents to you in this manner)

9. Preferred Mode of Reply  Email  Fax  Postal Address  Pick-Up at Agency

10. Type of ID Given (please ensure your IDs contain your photo and signature)  Passport  Driver's License  SSS ID  Postal ID  Voter's ID  
 School ID  Company ID  Others \_\_\_\_\_

## B. Requested Information

11. Agency – Connecting Agency (If applicable) \* \_\_\_\_\_ \*

12. Title of Document/Record Requested (Please be detailed as possible) \* \_\_\_\_\_

13. Date of Period (MM/DD/YYYY) \* \_\_\_\_\_

14. Purpose \* \_\_\_\_\_

15. Document Type \* \_\_\_\_\_

16. Reference Number (if known) \* \_\_\_\_\_

17. Any other Relevant Information \* \_\_\_\_\_

## C. Declaration

Privacy Notice: Once deemed valid, your information from your application will be used by the agency you have applied to, to deal with your application as set out in the Freedom of Information Executive Order No. 2. If the Department or Agency gives you access to a document, and if the documents contain no personal information about you, the document will be published online in the Department's or Agency's disclosure log, along with your name and the date you applied, and, if another person, company or body will use or benefit from the documents sought, the name of that person, entity or body.

I declare that:

- The information provided in the form is complete and correct;
- I have read the Privacy notice;
- I have presented at least one (1) government-issued ID to establish proof of my identity

I understand that it is an offense to give misleading information about my identity, and that doing so may result in a decision to refuse to process my application.

Signature \* \_\_\_\_\_

Date Accomplished \* \_\_\_\_\_

## D. FOI Receiving Officer [INTERNAL USE ONLY]

Name (*Print name*) \* \_\_\_\_\_

Agency – Connecting Agency \* \_\_\_\_\_ \* \_\_\_\_\_

Date entered on eFOI (*if applicable, otherwise N/A*) \* \_\_\_\_\_

Proof of ID Presented (*photocopies of original should be attached*)  Passport  Driver's License  SSS ID  Postal ID  Voter's ID  School ID  Company ID  Others \_\_\_\_\_

The request is recommended to be:  Approved  Denied  
*If denied, please tick the Reason for the Denial*  Invalid Request  Incomplete  Data already available online

Second Receiving Officer Assigned (*print name*) \* \_\_\_\_\_

Decision Maker Assigned to Application (*print name*) \* \_\_\_\_\_

Decision on Application  Successful  Partially Successful  Denied  Cost  
*If denied, please tick the Reason for the Denial*  Invalid Request  Incomplete  Data already available online  
 Exception Which Exception? \_\_\_\_\_

Date Request Finished (*MM/DD/YYYY*) \* \_\_\_\_\_

Date Documents (if any) Sent (*MM/DD/YYYY*) \* \_\_\_\_\_

FOI Registry Accomplished  Yes  No

RO Signature \* \_\_\_\_\_

Date (*MM/DD/YYYY*) \* \_\_\_\_\_