



FREEDOM OF INFORMATION REQUEST FORM
(Pursuant to Executive Order No. 2, s. 2016)
(as of November 2016)

FOI Tracking Number:

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 (<i>including M.I.</i>)
▶ _____ | 3. Surname
▶ _____ |
| 4. Complete Address (<i>Apt/House Number, Street, City/Municipality, Province</i>)
▶ _____ | | |
| 5. Landline/Fax
_____ | 6. Mobile
▶ _____ | 7. Email
_____ |
| 8. Preferred Mode of Communication | <input type="checkbox"/> Landline <input type="checkbox"/> Mobile Number <input type="checkbox"/> Email <input type="checkbox"/> Postal Address
<i>(If your request is successful, we will be sending the documents to you in this manner)</i> | |
| 9. Preferred Mode of Reply | <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Postal Address <input type="checkbox"/> Pick-up at Agency | |
| 10. Type of ID Given (<i>Please ensure your IDs contain your photo and signature</i>) | <input type="checkbox"/> Passport <input type="checkbox"/> Driver's License <input type="checkbox"/> SSS ID <input type="checkbox"/> Postal ID <input type="checkbox"/> Voter's ID
<input type="checkbox"/> School ID <input type="checkbox"/> Company ID <input type="checkbox"/> Others _____ | |

B. Requested Information

- | | | |
|--|---------|---------|
| 11. Agency - Connecting Agency
<i>(if Applicable)</i> | ▶ _____ | ▶ _____ |
| 12. Title of Document/Record Requested
<i>(Please be as detailed as possible)</i> | ▶ _____ | |
| 13. Date or Period (<i>DD/MM/YY</i>) | ▶ _____ | |
| 14. Purpose | ▶ _____ | |
| | _____ | |
| | _____ | |
| 15. Document Type | ▶ _____ | |
| 16. Reference Numbers (<i>if known</i>) | ▶ _____ | |
| 17. Any other Relevant Information | ▶ _____ | |

FREEDOM OF 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 Department or Agency gives you access to a document, and if the document contains 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 (DD/MM/YY) ▶ _____

D. FOI Receiving Officer [INTERNAL USE ONLY]

Name (*Print Name*) ▶ _____

Agency - Connecting Agency ▶ _____
(*if Applicable*) ▶ _____

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: ▶ _____

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 (DD/MM/YY) ▶ _____

Date Documents (if any) Sent (DD/MM/YY) ▶ _____

FOI Registry Accomplished Yes No

RO Signature ▶ _____

Date (DD/MM/YY) ▶ _____