

FREEDOM OF INFORMATION REQUEST FORM

PART I. INFORMATION ON REQUESTING PARTY

1. Title: (Mr/Mrs/Miss/Ms) Others

2. Full Name:

Surname

First Name (Including M.I.)

3. Complete Address:

Apt/House No./Street

Brgy/District

City/Municipality

Province

4. Company/Affiliation/Organization/School and Position:

5. Type of I.D. Given: (With photograph and signature)

Passport Driver's License Others: (Pls. Specify)

Postal ID Voter's ID

6. Contact Details:

	Country Code	Area Code	Number
Landline:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fax:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mobile:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email:	<input type="text"/>		

7. Preferred Mode of Communication: (For clarification and other matters)

Landline Mobile E-mail Postal Address

8. Preferred Mode of Reply/Response:

Pick-up Fax E-mail Postal Address

9. Name of Representative/Guardian: (If applicable)

Surname

First Name (Including M.I.)

10. I.D. of Representative

11. Proof of Authority

PART II. REQUESTED INFORMATION

12. Title of Document/Record Requested: (Please provide as much detail as you can)

13. Date of Document: DD/MM/YYYY

Photocopy Certified Photocopy Certified True Copy

14. Purpose of Request (Please provide as much detail as you can):

15. Any other relevant information:

I Declare and certify that that the information provided in this form is complete and correct. I am aware that giving false misleading information or using forged documents is a criminal offense. I bind myself and my principal to use the requested information only for the specific purpose stated and subject to such other conditions as may prescribed by the Office of the President. I understand that the Office of the President may collect, use and disclose personal information contained in this request.

16. Signature of requesting Party or Representative

Date: (DD/MM/YYYY)

For Official Use Only

Received by:

Name/Signature:

Position:

Date and Time Received:

Remarks:

For follow-up or other in inquiries, please contact +632-8651 3333 and look for the FOI Receiving Officer on duty.