

Kaagapay ng Komunidad sa Maginhawang Pamumuhay

FOI	REQU	FST I	FORM

FOI TRACKING NUMBER

	DATE (Petsa):	DATE (Petsa):	
SEX (Kasarian):	CONTACT NUMBER	CONTACT NUMBER:	
ADDRESS (Tirahan):	EMAIL ADDRESS:	EMAIL ADDRESS:	
DFFICE / SCHOOL / ORGANIZATION Opisina / Paaralan / Samahan):		GOVERNMENT-ISSUED ID (Pagkakakilanlan) <i>Please attach photocopy with 3 specimen signature:</i>	
DF		ΙΔΤΙΟΝ	
What is the covered period of the inf dokumentong inyong hinahanap?)	ormation or document/s requested for? (Ar	nong panahon ang saklaw ng impormasyon c	
What is the purpose of the request for o dokumentong ito?) Requirements: This duly-accomplished FOI Request Form (2 copies) Authorization Letter for Representative/s	Preferred Mode of Delivery: Pick-up at the SHFC Office (Requires printed copy/ies) Mail (Requires printed copy/ies only)	ng layunin sa paghiling ninyo sa impormasyor	
 Authorization Letter for Representative/s One (1) Valid Government- 	Preferred Mode of Delivery: Pick-up at the SHFC Office (Requires printed copy/ies)	ng layunin sa paghiling ninyo sa impormasyon	
 Authorization Letter for Representative/s One (1) Valid Government- issued ID 	Preferred Mode of Delivery: Pick-up at the SHFC Office (Requires printed copy/ies) Mail (Requires printed copy/ies) E-mail (Electronic copy/ies only)	Signature over Printed Name	
 Authorization Letter for Representative/s One (1) Valid Government- issued ID 	Preferred Mode of Delivery: Pick-up at the SHFC Office (Requires printed copy/ies) Mail (Requires printed copy/ies)	Signature over Printed Name	
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Contention Addition Contention This duly-accomplished FOI Request Form (2 copies) Authorization Letter for Representative/s One (1) Valid Government-issued ID FOI RECEIVING OFFICER Received by:	Preferred Mode of Delivery: Pick-up at the SHFC Office (Requires printed copy/ies) Mail (Requires printed copy/ies) E-mail (Electronic copy/ies only)	Signature over Printed Name FOI DOCUMENT OWNER	
Authorization Letter for Representative/s One (1) Valid Government- issued ID	Preferred Mode of Delivery: Pick-up at the SHFC Office (Requires printed copy/ies) Mail (Requires printed copy/ies) E-mail (Electronic copy/ies only) FOR SHFC OFFICIALS USE ONLY FOI DECISION MAKER SUCCESSFUL	Signature over Printed Name FOI DOCUMENT OWNER	

government agency, and that I am aware of my rights and how my information will be handled. I understand further that the document and any information provided: (1) shall not be used for any purpose other than what is indicated in the FOI request as approved; (2) shall not be used for purposes contrary to law, morals, good customs, or public policy; and (3) shall not be reproduced for any commercial use. Any violation will be addressed accordingly.



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