



Kaagapay ng Komunidad sa Maginhawang Pamumuhay



FOI REQUEST FORM

PANGALAN (Name):	PETSA (Date):
KASARIAN (Sex):	MOBILE/PHONE NUMBER:
TIRAHAN (Address):	EMAIL ADDRESS:
OPISINA/PAARALAN/ORGANISASYON (Office/School/Organization):	PAGKAKAKILANLAN (Government-issued ID; Proof of Identity; please attach photocopy):

DETAILS ON REQUESTED INFORMATION

Ano po ang hinahanap ninyong dokumento o impormasyon? *What document/s or information are you looking for?*

Anong panahon ang saklaw ng dokumento o impormasyong inyong hinahanap? *What is the covered period of the document/s or information requested for?*

Ano po ang layunin sa paghiling ninyo sa dokumento o impormasyon? *What is the purpose of the request for the document/s or information?*

Requirements: <input type="checkbox"/> This duly-accomplished FOI Request Form <input type="checkbox"/> Authorization for Representative <input type="checkbox"/> One (1) Valid Government-issued ID	Preferred Mode of Delivery: <input type="checkbox"/> Pick-up at the SHFC Office (Requires printed copies) <input type="checkbox"/> Mail (Requires printed copies) <input type="checkbox"/> E-mail (Electronic copies only)	_____ Signature over Printed Name
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----- FOR SHFC OFFICIALS USE ONLY -----

FOI RECEIVING OFFICER	FOI DOCUMENT OWNER	FOI DECISION MAKER
Received by: Name: _____ Signature: _____ Date: _____	Remarks / Recommended Action: Signature/Date: _____	<input type="checkbox"/> GRANTED <input type="checkbox"/> DENIED Reason: _____ Signature/Date: _____

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