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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  
(If your request is successful, we will require you to pick-up the documents at GSCWD Office.)

9. 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

10. Agency - Connecting Agency (if applicable)    ▶ \_\_\_\_\_    ▶ \_\_\_\_\_

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

12. Date or Period (DD/MM/YY)    ▶ \_\_\_\_\_

13. Purpose    ▶ \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

14. Document Type    ▶ \_\_\_\_\_

15. Reference Numbers (if known)    ▶ \_\_\_\_\_

16. 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 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/YYYY) ◀ \_\_\_\_\_

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

Name (Print name) ◀ \_\_\_\_\_

Agency - Connecting Agency (if applicable, otherwise N/A) ◀ \_\_\_\_\_ ◀ \_\_\_\_\_

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 (DD/MM/YYYY) ◀ \_\_\_\_\_

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

FOI Registry Accomplished  Yes  No

RO Signature ◀ \_\_\_\_\_

Date (DD/MM/YYYY) ◀ \_\_\_\_\_