



FREEDOM OF INFORMATION (FOI)
Request Form

Control No: _____

I. PERSONAL INFORMATION (PLEASE FILL-OUT ALL NECESSARY INFORMATION)

1. SURNAME(Apelyido)			
2. FIRST NAME(Pangalan)		4. NAME EXTENSION (e.g. Jr., Sr.)	
3. MIDDLE NAME(G. Apelyido)			
5. RESIDENTIAL ADDRESS (Tirahan)			
Number & Street (Numero at Kalye)		Barangay	Province (Lalawigan)
6. Office/Affiliation: _____ Office Address: _____ Position _____		7. TYPE OF ID GIVEN (with photograph and signature)(Maintain a xerox copy)	
		<input type="checkbox"/> Passport <input type="checkbox"/> Voter's ID <input type="checkbox"/> Postal ID <input type="checkbox"/> UMID ID <input type="checkbox"/> Driver's License <input type="checkbox"/> Others (please specify) _____	
8. CONTACT DETAILS: <input type="checkbox"/> Landline _____ <input type="checkbox"/> Fax _____ <input type="checkbox"/> Mobile _____ <input type="checkbox"/> Email _____		10. PREFERRED MODE OF REPLY/RESPONSE: <input type="checkbox"/> Pick up <input type="checkbox"/> E-mail <input type="checkbox"/> Fax <input type="checkbox"/> Postal Address <input type="checkbox"/> Others (please specify) _____	
9. PREFERRED MODE OF COMMUNICATION (Please check box) (For clarification and other matters)			
11. NAME OF REPRESENTATIVE/GUARDIAN: (if applicable) (Last Name, First Name, Middle Name, Suffix)		13. ID OF REPRESENTATIVE (with photograph and signature)	
12. PROOF OF AUTHORITY _____		<input type="checkbox"/> Passport <input type="checkbox"/> Voter's ID <input type="checkbox"/> Postal ID <input type="checkbox"/> UMID ID <input type="checkbox"/> Driver's License <input type="checkbox"/> Others (please specify) _____	

II. REQUESTED INFORMATION

13. TITLE OF DOCUMENT/RECORD REQUESTED: (Please provide as much detail as you can)	14. PURPOSE OF REQUEST: (Be specific as possible)
_____	_____
_____	_____
_____	_____

15. ANY OTHER RELEVANT INFORMATION: _____

III. SWORN DECLARATION

I declare and certify that the information provided in this form is complete and correct. I am fully aware that giving false or 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 be prescribed by the Provincial Local Government Unit of Isabela. I understand that the Provincial Local Government Unit of Isabela may collect, use and disclose personal information contained in this request.

Signature of Requesting Party or Representative
Date ____/____/20____(mm/dd/yy)

SUBSCRIBED AND SWORN to before me, this _____ by _____ exhibiting to me his/her _____ issued at _____, Philippines.

Doc No. _____
Page No. _____
Book No. _____
Series of _____

RECEIVED BY: EVALUATED BY: APPROVED/DISAPPROVED BY:

Name/Signature of FOI Receiving Officer (FRO) Date/Time: _____ Action: <input type="checkbox"/> Denied Reason: <input type="checkbox"/> 1. Non-compliant Request <input type="checkbox"/> 2. Information available in provinceofisabela.ph, foi.gov.ph or data.gov.ph <input type="checkbox"/> 3. Requested information not in the custody of PGI <input type="checkbox"/> Forwarded to FEO Remarks _____	Name/Signature of FOI Evaluating Officer (FEO) Date/Time: _____ Action: <input type="checkbox"/> Return to FRO Reason _____ <input type="checkbox"/> Forwarded to FDM Remarks _____	Name/Signature of FOI Decision Maker (FDM) Date/Time: _____ Action: <input type="checkbox"/> DISAPPROVED/Return to FEO/FRO Reason _____ <input type="checkbox"/> APPROVED Remarks _____
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RELEASING OF INFORMATION/DOCUMENTS

Released by: _____ Name and Signature	Received by: _____ Name and Signature	Date: _____ Time: _____	REMARKS/NOTATIONS:
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