

ANNEX “E”

1. ZCWD FOI REQUEST FORM

Reference No.: 2017- _ _ _		
A. Contact Information of the Requesting Party		
<i>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. Please completely fill out the request form with the relevant information. Avoid leaving blank spaces and write 'N/A' instead.</i>		
1. Title (e.g. Mr., Mrs., Ms.):	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:		
9. Type of Government-Issued ID provided (please check one):		
<i>Passport</i>	<i>Driver's License</i>	<i>SSS ID</i>
<i>Postal ID</i>	<i>Voter's ID</i>	<i>GSIS ID</i>
<i>Agency/ Company ID</i>	<i>UMID</i>	<i>School ID</i>
<i>Senior Citizen's ID</i>	<i>Others</i>	
B. Details of the Requested Information		
10. Agency (if applicable):		
11. Title of Document/ Record requested (Please be as detailed as possible):		
12. Date or Period (if known):		
13. Purpose or Reason:		
14. How would you like to receive the information:		
15. Would you like the documents be authenticated as Certified True Copy (Php 50.00 authentication fee per document)?		
<u>Name and Signature of the Requesting Party</u>		
C. FOI Receiving Officer (for internal use only)		
Name of FRO (print name):		
Position:		
Date of Receipt:	Time of Receipt:	
Action Taken (if denied, state reason for denial):		
Request forwarded to (name of secondary FDM):		
Date & Time transmitted to contact person:		
<u>Name and Signature of the FRO</u>		