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| **Reference No.:** 20\_ \_ -\_ \_ \_ *(to be accomplished by the ZCWD FRO)* **Date: ­\_\_\_\_\_\_\_\_\_\_** |
| 1. **Contact Information of the Requesting Party**
 |
| *You are required to supply your name and address including other details requested in this request form for correspondence. Additional contact details will help us deal with your application and correspond with you in the manner you prefer. Avoid leaving blank spaces and write ‘NA’ if not applicable.*  |
| 1. **Title**:

Click here to enter text.**­­** | 1. **Given Name/s:**

Click here to enter text. | **M.I.**Click here to enter text. | 1. **Surname:**

Click here to enter text. |
| 1. **Complete Address** *(Apt./ House Number, Street, City/ Municipality, Province)***:**

Click here to enter text. |
| 1. **Landline/ Fax:**

Click here to enter text. | 1. **Mobile:**

Click here to enter text. | 1. **Email:**

Click here to enter text. |
| 1. **Preferred Mode of Communication:**

Click here to enter text. |
| 1. **Type of Government-Issued ID provided** *(please check one)***:**
 |
| *Passport*Click here to enter text. | *Driver’s License*Click here to enter text. | *SSS ID*Click here to enter text. |
| *Postal ID*Click here to enter text. | *Voter’s ID*Click here to enter text. | *GSIS ID*Click here to enter text. |
| *Agency/ Company ID*Click here to enter text. | *UMID*Click here to enter text. | *School ID*Click here to enter text. |
| *Senior Citizen’s ID*Click here to enter text. | *Others*Click here to enter text. |  |
| 1. **Details of the Requested Information**
 |
| 1. **Agency**

*(if applicable)*: | Click here to enter text. |
| 1. **Title of Document/ Record requested**

*(please be as detailed as possible)***:** | Click here to enter text. |
| 1. **Date or Period** *(if known)***:**
 | Click here to enter text. |
| 1. **Purpose or Reason:**
 | Click here to enter text. |
| 1. **How would you like to receive the information?**
 | Click here to enter text. |
| 1. **Would you like the documents be authenticated as Certified True Copy?**

*(Php 50.00 authentication fee per document)*Click here to enter text. |
| *Name and Signature of the Requesting Party* |
| *By affixing your signature, you hereby agree that the data provided, should the request be approved, shall not be disclosed nor shared to other individuals and/or organizations and that the information shall solely be used for the purpose stated on item 13.*  |
| 1. **FOI Receiving Officer *(for internal use only)***
 |
| **Name of FRO** *(print name)***:** |  |
| **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:** |  |
| *Name and Signature of the FRO* |
| *Disclaimer: The* ***Zamboanga City Water District (ZCWD)***  *values our customer’s experience with our services. This request form is a tool to capture all requests for information submitted by the public to the ZCWD, in compliance to* ***Executive Order No. 2, s. 2016****,* ***otherwise known as the Freedom of Information Act****. The information you shared are treated with utmost CONFIDENTIALITY and personal information collected will be stored and handled pursuant to* ***Republic Act No. 10173, also known as the Data Privacy Act****.* |