



Republic of the Philippines
ZAMBOANGA CITY WATER DISTRICT
 Pilar Street, Zamboanga City



REFERENCE NO.: 2026 __ __ (to be accomplished by the ZCWD FRO)

DATE:

A. Contact Information of the 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. Please completely fill out the request form with the relevant information. Avoid leaving blank spaces and write 'N/A' instead.

1. Surname:	2. First Name	3. Middle Name:
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4. Complete Address (House/Building Number, Street, City/ Municipality, Province):

5. Landline/ Fax:	6. Mobile Number:	7. Email:
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8. Preferred mode of communication:

9. Government-issued ID submitted:

B. Details of the Requested Information

10. Agency/ University/ Affiliation (if applicable):	
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11. Title of documented information requested (Please be specific as possible):	
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12. Date or Period (if known):	
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13. Purpose of the request:	
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14. How would you like to receive the information:	
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15. Do you want the documents/records to be authenticated as Certified True Copy/ies (Php 100.00 authentication fee per document)? (Y/N). If yes, please specify which data would you want to be certified.

Name and signature of the requesting party

C. FOI Receiving Officer (for internal use only)

Received by (print name):	
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Date of Receipt:	Time of Receipt:
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Name and signature of the FRO