

**ANNEX “F”**

**FOI REQUEST FORM**



Tracking Number:  
\_\_\_\_\_

**FREEDOM OF INFORMATION REQUEST FORM**

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 filled.

**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.)      2. Given Name/s (Including M.I.)      3. Surname  
\_\_\_\_\_ ● \_\_\_\_\_ ● \_\_\_\_\_

4. Complete Address (Apt/House No., Street, City/Municipality, Province)  
● \_\_\_\_\_

5. Landline/Fax      6. Mobile      7. Email  
\_\_\_\_\_ ● \_\_\_\_\_ \_\_\_\_\_

8. Preferred mode of communication     Landline     Mobile     Email

(If your request is successful, we will be sending the documents to you in this manner)

9. Preferred Mode of Reply     Email     Fax     Postal Address  
 Pick-up at Agency

10. Type of ID Given (Please ensure your ID's contain your photo and signature)     Passport     Driver's License     SSS ID  
 Postal ID     Voter's ID     School ID  
 Company ID     Others \_\_\_\_\_

## B. REQUESTED INFORMATION

11. Agency – Connecting Agency (if applicable) ● \_\_\_\_\_ ● \_\_\_\_\_
12. Title of Document/Record ● \_\_\_\_\_
13. Date or Period (DD/MM/YY) ● \_\_\_\_\_
14. Purpose ● \_\_\_\_\_  
\_\_\_\_\_
15. Document Type ● \_\_\_\_\_
16. Reference Number (if known) ● \_\_\_\_\_
17. Any Other Relevant Information ● \_\_\_\_\_

## C. DECLARATION

Privacy Note: 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 of Agency gives you access to a document, and if document contains no personal information about you, the document will be published online in the 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 of body.

I Declare that:

- The information provided in the form is complete and correct;
- I have read the Privacy Note;
- 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 ● \_\_\_\_\_

**D. FOI RECEIVING OFFICER (INTERNAL USE ONLY)**

Name: *(Print Name)* ● \_\_\_\_\_

Agency – Connecting Agency  
*(if applicable Otherwise N/A)* ● \_\_\_\_\_

Date Entered on Efoi *(if applicable or N/A)* ● \_\_\_\_\_

Proof of ID Presented *(Photocopies of Original should be attached)* ● \_\_\_\_\_

Passport  Driver's License  SSS ID

Voter's ID  School ID  Company ID

The request is recommended to be :  
Others: \_\_\_\_\_  
 Approved  Denied

If denied, please tick the Reason  
 Invalid Request  Incomplete  
 Data already available online

Second Receiving Assigned Officer  
*(Print Name)* ● \_\_\_\_\_

Decision Maker Assigned to Application  
*(Print Name)* ● \_\_\_\_\_

Decision on Application  
 Successful  Partially Successful  
 Denied  Cost

If denied, please tick the Reason  
 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) ● \_\_\_\_\_