



FOI-01

Form No. AGSD-AHRD 004
 January 2021
 Rev. 02

FREEDOM OF INFORMATION REQUEST FORM
 (Pursuant to Executive Order No.2, s.2016)

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 field.

A. Requesting Party			
* Given Name		* Surname	
Gender	Age	Landline/Fax	*Mobile
* Name of Agency		* Email	
* Complete Address		* Proof of ID Presented <input type="checkbox"/> Passport <input type="checkbox"/> Driver's License <input type="checkbox"/> GSIS/SSS ID <input type="checkbox"/> Postal ID <input type="checkbox"/> Voter's ID <input type="checkbox"/> School ID <input type="checkbox"/> Company ID <input type="checkbox"/> Others _____	
* Preferred Mode of Communication <input type="checkbox"/> Landline <input type="checkbox"/> Mobile Number <input type="checkbox"/> Email <input type="checkbox"/> Postal Address		* Preferred Mode of Reply <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Postal Address <input type="checkbox"/> Pick-Up at Agency	
B. Requested Information			
* Title of Document/Record Requested <i>(Please be as detailed as possible)</i>			
* Date or Period of Document Requested (MM/DD/YY):			
* Purpose			
C. Declaration			
I understand that your office must respond to my request within fifteen (15) working days after it is received. Your office may grant or deny all or a portion of my request, or issue a notice of extension not beyond twenty (20) working days on top of the mandated fifteen (15) working days to act on the request, unless exceptional circumstances warrant a longer period. Should the record/s and information requested be used other than what is stated above I shall be legally held liable.			
_____		_____	
Signature over Printed Name		Date Accomplished	
D. FOI Receiving Officer (For Internal Use Only)			
Name:		Decision Maker Assigned:	
Date Received:		Date Received:	
Request Recommendation: <input type="checkbox"/> Approved <input type="checkbox"/> Denied		Request Decision: <input type="checkbox"/> Successful <input type="checkbox"/> Partially Successful <input type="checkbox"/> Denied	
Reason for Denial: <input type="checkbox"/> Invalid <input type="checkbox"/> Incomplete <input type="checkbox"/> Data is online		Reason for Partial Success:	
FRO Signature:		Reason for Denial: <input type="checkbox"/> Invalid <input type="checkbox"/> Incomplete <input type="checkbox"/> Data is online <input type="checkbox"/> Exception Which Exception? _____	
FOI Tracking No.:		DM Signature:	
FOI Registry Accomplished: <input type="checkbox"/> Yes <input type="checkbox"/> No		GM Decision: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
Division Assigned:		GM Signature:	
Received by:		Date Request Finished:	
Date received:		Date Documents Sent:	