



FOI REQUEST FORM

Title of document requested: _____

Date: _____

Purpose: _____

The Requesting Party:

Name: _____ Contact Nos. _____

Signature: _____ Proof of Identity: _____

Address: _____

Should there is approval and information is available, how would you like to receive such request? Please check.

For Pick-up

Mail

E-mail

Fax

----- (For CKWD personnel only) -----

Request received by: _____
(Name/Designation/Department/Signature)

Date and Time of request: _____

Submitted/Forwarded to: _____
(Name/Designation/Department/Signature)

Remarks: _____
