FOI REQUEST FORM



Privatization and Management Office REQUEST FOR ACCESS TO RECORDS

Executive Order No. 02, series of 2016

1. DETAILS OF REQUESTER (PLEASE USE BLOCK LETTERS)	
Name	(First Name/Middle Initial/Surname)
Address :	(No./Street/Barangay/Municipality/Province)
Telephone Number :	
E-mail Address :	
Valid ID Presented :	
2. DETAILS OF REQU	EST
I request the followi	ng records/documents: Photocopy Certified True Copy No. of copies
3. PURPOSE/s	
This request is made for the purpose/s of: (please state the reasons below)	
PLEASE SIGN HERE	DATE:
	Please send your completed application to: Privatization and Management Office Central Receiving Unit 3 rd Floor 104 Gamboa St., Legaspi Village, Makati City or email at FOI@pmo.gov.ph