



Tracking Number: _____

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

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., Ms., Miss) 2. Given Name/s (Including M.I.) 3. Surname

4. Complete Address (Apt/House Number, Street, City, Municipality, Province)

5. Landline/Fax 6. Mobile 7. E-mail

8. Preferred Mode of Communication Landline Mobile Number E-mail Postal Address
(If your request is successful, we will be sending the documents to you in this manner.)

9. Preferred Mode of Reply E-mail Fax Postal Address Pick-Up at Agency

10. Type of ID Given Passport Driver's License SSS ID Postal ID
 Voter's ID School ID Company ID Others _____

11. Are you applying for exemption from the payment of reproduction fees?
 Yes. Reason/s: _____
 No.

B. Requested Information

12. Agency – Connecting Agency (if applicable) ▶ _____ ▶ _____

13. Title of Document/Record Requested (Please be as detailed as possible.) ▶ _____

14. Date or Period (DD/MM/YY) ▶ _____

15. Purpose ▶ _____

16. Document Type ▶ _____

17. Reference Number (if known) _____

18. Any other Relevant Information _____

C. Declaration

Privacy Notice: Once deemed valid, your information from your application will be used by the MWSS-RO to deal with your application as set out in the Executive Order No. 2, Series of 2016 (Freedom of Information). If the MWSS-RO gives you access to a document, and if the document contains no personal information about you, the document will be published online in the MWSS-RO'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 or body.

I declare that:

- The information provided in the form is complete and correct;
- I have read this Privacy Notice; and
- I have presented at least one (1) valid 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, among others.

Signature ◀ _____

Date Accomplished (DD/MM/YY) ◀ _____

D. FOI Receiving Officer (INTERNAL USE ONLY)

Name (Print Name) ◀ _____

Agency – Connecting Agency
(if applicable, otherwise N/A) ◀ _____

Proof of ID Presented (Photocopies of originals should be attached)

<input type="checkbox"/> Passport	<input type="checkbox"/> Driver's License	<input type="checkbox"/> 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 _____

The request is recommended to be:

<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
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If Denied, please Tick the Reason for the Denial

<input type="checkbox"/> Invalid Request	<input type="checkbox"/> Incomplete	<input type="checkbox"/> Data already Available Online
<input type="checkbox"/> Repeated or similar request by the same party	<input type="checkbox"/> Data Privacy Act	
<input type="checkbox"/> Exception	Which exception? _____	

FOI Receiving Officer (FRO) Assigned (Print Name) ◀ _____

FOI Decision Maker (FDM) Assigned to Application (Print Name) ◀ _____

Decision on Application

<input type="checkbox"/> Successful	<input type="checkbox"/> Partially Successful	<input type="checkbox"/> Denied	<input type="checkbox"/> Cost _____
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If Denied, please Tick the Reason for the Denial

<input type="checkbox"/> Other Agency	<input type="checkbox"/> Data Privacy Act	<input type="checkbox"/> Not an FOI request
<input type="checkbox"/> Exception	Which exception? _____	

Date Request Finished (DD/MM/YY) ◀ _____

Date Documents Sent (DD/MM/YY) ◀ _____

FOI Registry Accomplished Yes No

FRO Signature ◀ _____

Date (DD/MM/YY) ◀ _____