


<div></div> <div><p>Republic of the Philippines</p><p><b>SAGAY WATER DISTRICT</b></p><p>Cor. Ma. Lopez,Marañon St., Poblacion II, Sagay City, Negros Occidental,PH</p><p>Tracking Number: _____</p></div>		<p><b>CONTACT US</b></p> <p>Telephone Nos. (034) 488 - 0219 /(034) 454-1986</p> <p>Tele/Fax Nos. (034) 488 - 0219</p> <p>Email Address: sagaywd@yahoo.com</p>	
<p><b>FREEDOM OF INFORMATION REQUEST FORM</b></p> <p><i>(Pursuant to Executive Order No. 2, s. 2016)</i></p>			
<p><b>REQUEST PARTY:</b></p> <p><i>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.</i></p>			
TITLE: <i>(e.g. Mr, Ms, Miss)</i>		NAME ( <i>Last Name</i> <i>First Name</i> <i>MI</i> )	
_____		_____	
COMPLETE ADDRESS: <i>(Apt/House Number, Street, City/Municipality, Province)</i>			
_____			
COMPANY/AFFILIATION/ORGANIZATION/SCHOOL and POSITION:			
_____			
COMPLETE ADDRESS: <i>(Apt/House Number, Street, City/Municipality, Province)</i>			
_____			
TYPE OF GOVERNMENT ID GIVEN <i>(with photograph and signature)</i>			
_____			
<p><b>CONTACT DETAILS:</b></p>			
LANDLINE NO.:		MOBILE NO.:	
_____		_____	
EMAIL ADDRESS:		POSTAL ADDRESS:	
_____		_____	
PREFERRED MODE OF COMMUNICATION:		<div><input type="checkbox"/> Landline      <input type="checkbox"/> Mobile      <input type="checkbox"/> Email      <input type="checkbox"/> Postal address</div> <p><i>(for clarification and other matters)</i></p>	
PREFERRED MODE OF REPLY/RESPONSE:		<div><input type="checkbox"/> Pick-up      <input type="checkbox"/> Fax      <input type="checkbox"/> Email      <input type="checkbox"/> Postal address</div> <p><i>(If your request is successful, we will be sending the documents to you in this manner)</i></p>	
ID OF REPRESENTATIVE: _____			
PROOF OF AUTHORITY: _____			
<p><b>REQUESTED INFORMATION:</b></p>			
AGENCY - CONNECTING AGENCY <i>(If applicable)</i> :			
_____			
TITLE OF DOCUMENT/RECORD REQUESTED: <i>(Please provide as much detail as you can)</i>			
_____			
_____			
_____			
DATE OR PERIOD <i>(DD/MM/YYYY)</i> :			
_____			
Purpose of Request: <i>(Please be as specific as possible)</i>			
_____			
ANY OTHER RELEVANT INFORMATION:			
_____			
<p><b>DECLARATION:</b></p> <p><i>I declare and certify that the information provided in this form is complete and correct. I am aware that giving false information or using forged documents is a criminal offense. I bind myself and my principal to use the requested information only for the specific purpose stated and subject to such other conditions as may be prescribed by the Sagay Water District. I understand that the Sagay Water District may collect, use and disclose personal information contained in this request.</i></p> <p>Signature of Requesting Party or Representative: _____</p> <p>Date Accomplished: _____</p>			
<p><b>FREEDOM OF INFORMATION</b></p>			

FOI RECEIVING OFFICER (INTERNAL USE ONLY)	
TITLE: (e.g, Mr, Ms, Miss)	NAME ( Last Name First Name MI)
AGENCY - CONNECTING AGENCY (If applicable) : otherwise N/A)	
DATE ENTERED on eFOI (If applicable) : otherwise N/A)	
Proof of ID Presented (Photocopies of original should be attached)	<input type="checkbox"/> Passport <input type="checkbox"/> Driver's Lisence <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: If Denied, please tick the Reason for the Denial	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Invalid Request <input type="checkbox"/> Incomplete <input type="checkbox"/> Data already available online
Secondary Receiving Officer Assigned: (print name)	
Decision Maker Assigned to Application (print name)	
Decision on Application If Denied, please tick the Reason for the Denial	<input type="checkbox"/> Succesful <input type="checkbox"/> Partially Successful <input type="checkbox"/> Denied <input type="checkbox"/> Cost <input type="checkbox"/> Invalid Request <input type="checkbox"/> Incomplete <input type="checkbox"/> Data already available online <input type="checkbox"/> Exception <input type="checkbox"/> Which Exception?
Date Request Finished (DD/MM/YYYY)	
Date Documents (if any) Sent (DD/MM/YYYY)	
FOI REGISTRY ACCOMPLISHED	<input type="checkbox"/> Yes <input type="checkbox"/> No
RO Signature	
Date (DD/MM/YYYY)	
FREEDOM OF INFORMATION	