



**NTA FOI REQUEST FORM**

Reference No: \_\_\_\_\_  
(To be numbered by RECEIVING OFFICER)

Date of Request: \_\_\_\_\_  
Requested Information: \_\_\_\_\_

(Attached list and other details if necessary)

Purpose of Request: \_\_\_\_\_

Name of Requesting Party: \_\_\_\_\_ Signature: \_\_\_\_\_

Home Address: \_\_\_\_\_

Contact Number/s: \_\_\_\_\_ Email Address: \_\_\_\_\_

Office / Organization Name: \_\_\_\_\_

Office / Organization Address: \_\_\_\_\_

**Proof of Identity: ( Attach Xerox Copy)**

- Passport
- Government ID  
(SSS, GSIS, PhilHealth, PagIbig)
- Dirver's License
- Others: \_\_\_\_\_

Right Thumb Mark

(If can't sign or illiterate)

**How would you like to receive the information?**

- Email
- Fax
- Courier Service (Indicate Pref. Provider)
- Home Address
- Pick Up (Office Hours)

**To be filled up by RECEIVING OFFICER ( Department / Branch \_\_\_\_\_ )**

FOI Request Submitted to: \_\_\_\_\_ Actual Date Received: \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_:\_\_\_

Printed Name/Signature of Receiving Officer

Initial Assessment:  Deny  Incomplete  Available at Website  For Action by DM Others: \_\_\_\_\_

**To be filled up by the DECISION MAKER**

Submitted for Action to: \_\_\_\_\_ Actual Date Received: \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_:\_\_\_

Printed Name/Signature of Decision Maker ( or His Authorized Personnel)

Actions Taken:  Returned to FRO for Clarifications  For Determination of Decision  
Date Returned: \_\_\_/\_\_\_/\_\_\_

For Info Collation

Remarks/Clarifications: \_\_\_\_\_

For Action by: \_\_\_\_\_ (office concerned) SIGNATURE: \_\_\_\_\_  
(Authorized Officer)

Data Provided: \_\_\_\_\_

Data Released to: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_