

CWD FOI Request Tracking No:\_\_\_\_\_\_

**FREEDOM OF INFORMATION REQUEST FORM**

1. **Requesting Party:**

**1.Full Name:**

Middle Name

Municipality/Province

Email Address

**4. Proof of Identity/Evidence of Authority (Please attach photocopy of Valid ID)**

Other Valid IDs/ID No.

**2.Complete Address:**

Surname

Given Name

Baranggay

Street

**3. Contact Information:**

Landline Number

Mobile Number

PRC ID No.

Passport ID No.

**B. Requested Information/Document** **Photocopy**  **Certified True Copy**

1. Title of Information/Document:

 2. Purpose of the Request:

**C. Declaration**

I declare and certify that the information provided in this form is complete and correct. I am aware that giving false or misleading information or using forged document is a criminal offense. I bind myself to use the requested information only for the specific purpose stated and subject to such conditions as may be prescribed by the Catarman Water District. I understand that the Catarman Water District may collect, use and disclose personal information contained in this request. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature over Printed Name/Date

**D. For CWD USE**

Name of CWD FOI Receiving Officer:

Signature of Receiving Officer:

Dare Received: