



Republic of the Philippines
DIGOS WATER DISTRICT

Rizal Avenue, Digos City, PH

AIR Form Tracking No:

CONTACT US

Telephone Nos. (+63) (82) 553-2121, 553-2111

Tele fax: (+63) (82) 553-8742; 553-2872

Email Address: digoswaterdistrict@gmail.com

ACCESS TO INFORMATION REQUEST FORM

(Pursuant to Executive Order No. 2, s. 2016)

Please read the following information carefully before proceeding with your application. Use blue or black ink only. Write in BLOCK letters. Mark boxes with "X" where necessary. Fill-out all fields. Write "N/A" if not applicable.

A. Requesting Party

1. Title (e.g. Mr, Mrs, Miss)		2. Given Name/s (Last name, First, MI)	
2. Residence/ Business Address			
House No./Blk. No.		Street	Barangay
City/Municipality		Province	
3. Contact Information		Landline/Fax:	Mobile No.:
			Email:
4. Preferred Mode of Communication:		<input type="checkbox"/> Landline	<input type="checkbox"/> Mobile
		<input type="checkbox"/> Email	<input type="checkbox"/> Postal Address
<i>(If your request is successful, we will be sending the documents in this manner)</i>			
5. Preferred Mode of Reply:		<input type="checkbox"/> Landline	<input type="checkbox"/> Fax
		<input type="checkbox"/> Email	<input type="checkbox"/> Pick-up at Agency
6. Proof of identity/evidence of authority (must contain photo and signature):		<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 (Specify):

B. Requested Information

7. Agency - Connecting Agency (if applicable):

8. Title of Document/Record (Please provide a detailed description):

9. Date or Period (DD/MM/YY):

10. Purpose of the request (you may use another sheet if necessary):

11. Any other Relevant Information:

C. Declaration

Privacy Notice: Once deemed valid, your information from your application will be used by the agency you have applied to, to deal with your application as set out in the Freedom of Information Executive Order No. 2. If the Agency gives you access to a document, and if the document contains no personal information about you, the document will be published online in the Agency'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 the Privacy Notice;
- I have presented at least one (1) government-issued ID to establish 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

Signature over printed name

Date:

CLAIM SLIP

Requested document: _____ AIR Tracking No: _____

Date of filing: _____ Date of Release: _____

Please present this stub upon date of release with Official Receipt of payment. Payment shall be determined upon the release of document.

D. Receiving Officer (FOR INTERNAL USE ONLY)

Name (Print name) :	
Agency - Connecting Agency (if applicable) :	
Date entered on eFOI (if applicable) :	
Proof of ID presented (photocopy of original 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 (Specify):
The application is recommended to be (If denied, please choose 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
Second Receiving Officer Assigned (Print name) :	
Decision maker Assigned to Application (Print name) :	
Decision on Application (If denied, please choose the reason for Denial) :	<input type="checkbox"/> Successful <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 Which exception?
Date Request Finished (DD/MM/YY) :	
Date Documents (if any) Sent (DD/MM/YY) :	
FOI Registry Accomplished:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Signature of Receiving Officer:	
Date (DD/MM/YY) :	