



FREEDOM OF INFORMATION REQUEST FORM

PART I. INFORMATION ON REQUESTING PARTY

1 Title: (Mr/Mrs/Miss/Ms) Others:

2 Full Name:
Surname
First Name
Middle Name

3 Complete Address:
Apt/House No/Street
Brgy/District
City/Municipality
Province

4 Company/Affiliation/Organization/School and Position:

5 Type of I.D. Given: (with photograph and signature)
 Passport Driver's License Others: (Pls. specify)
 Postal ID Voter's ID

6 Contact Details:

	Country Code	Area Code	Number
Landline			
Fax			
Mobile			
Email			

7 Preferred Mode of Communication:
(For clarification and other matters)
 Landline Mobile E-mail Postal Address

8 Preferred Mode of Reply/Response:
 Landline Mobile E-mail Postal Address

9 Name of Representative/Guardian:
Surname
First Name

10 I.D. of Representative:

11 Proof of Authority:

PART II. REQUESTED INFORMATION

12 Title of Document/Record Requested:
(please provide as much detail as you can)
 Photocopy Certified Photocopy Certified True Copy

13 Date of Document: (mm/dd/yyyy)

14 Purpose of the Request: (Please be as specific as possible)

15 Any other relevant information:

I declare and certify that the information provided in this form is complete and correct. I am aware that giving false and misleading information or using forged documents is a criminal offense. I bind myself and principal to use the requested information only for the specific purpose stated and subject to such other conditions as may be prescribed by the Bureau of Internal Revenue. I understand that the Bureau of Internal Revenue may collect, use, and disclose personal information contained in this request.

16 Signature of the Requesting Party or Representative:

Date: (mm/dd/yyyy)

FOR OFFICIAL USE ONLY
 Received By:
 Name/Signature: _____
 Position: _____
 Date and Time Received: _____
 Remarks: _____

For follow-up or other inquiries, please look for the FOI Receiving Officer on duty.