



REQUESTED INFORMATION

METRO COTABATO WATER DISTRICT

Gov. Gutierrez Avenue, Rosary Heights VII, Cotabato City, 9600 Tel. No. (064) 4211070; Telefax. No. (064) 4213009

Email Add: <u>metrocotabatowaterdistrict@gmail.com</u>



FREEDOM OF INFORMATION REQUEST FORM

DOKUMENTO O IMPORMASYON NA KAILANGAN / Document or information needed:		
MGA TAON O PANAHONG SAKLAW,		
REQUESTING PARTY		
		Contact No.:
TIRAHAN/ Address:		
KATIBAYAN NG PAGKAKALANLAN /	Proof of Identity	
ID Presented:		
PARAAN NG PAGTANGGAP NG IMPO	ORMASYON (How would you	like to receive the information?)
Email		
Pick-up (Office Hours)		
(Т	o be accomplished by the MCWD F	OI Receiving Officer)
Data Bassiyadı	Time Descived:	Deference No.
(mm/dd/www)	Time Received:	Reference No.:
(11111) dd, yyyy)		
Received by:		
	(Signature over Printed Name/	Designation)
Referred to:		
	(Name of FOI Decision N	Maker)
Date and Time of Referral:		
	(To be accomplished upon com	pietion of KFI)
Action Taken:		
Action Taken:Approved by:		
Approved by.	General Manage	 or
	General Manage	
Remarks:		Received by:
		FOI Receiving Officer
		Date and Time of Receipt

