



REQUEST FORM

No.: _____

What documents or information are you looking for?			What is the covered period of the documents/information?		
Please sufficiently describe your purpose for securing the documents/information.					
REQUESTOR'S INFORMATION			AUTHORIZED REPRESENTATIVE (attach Authorization letter)		
NAME:			NAME:		
CONTACT NO.:	AGE:	SEX:	CONTACT NO.:	AGE:	SEX:
ADDRESS:			ADDRESS:		
AGENCY/AFFILIATION/ORGANIZATION:			AGENCY/AFFILIATION/ORGANIZATION:		
VALID ID PRESENTED:			VALID ID PRESENTED:		
SIGNATURE:			SIGNATURE:		

FOR OFFICIAL USE ONLY

DATE:		____ Approved
Received by:	Reviewed and Evaluated by:	____ Denied for release:
_____	_____	_____
FOI Receiving Officer	FOI Appellate Body	FOI Decision Maker