



Republic of the Philippines
Region VI Province of Aklan
METRO KALIBO WATER DISTRICT
CCC No. 073
Jaime Cardinal Sin Avenue, Andagao, Kalibo, Aklan
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CP No. 0909 993 5218
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ANNEX "F"

FREEDOM OF INFORMATION (FOI) REQUEST FORM

Part I. Information on Requesting Party

1. Full Name (Mr./Mrs./Miss/Ms.)

Surname First Name Middle Initial

2. Complete Address:

Company/Affiliation/Organization/School and Position:

4. Proof of Identification: (With picture and signature)

5. Contact Details:

Landline # _____ Mobile No. _____ Email Address: _____

6. Preferred Mode of Reply/Response: (If applicable)

____ Pick-up _____ Fax _____ Email _____ Postal Address

7. Name of Representative/Guardian: (If applicable)

Surname First Name Middle Initial

8. ID of Representative: _____ Proof of Authority: _____

Part II. Requested Information

9. Title of Document/Records Requested: (Please provide specific detail)

- _____ Photocopy _____ Certified True Copy

10. Date of Document/Records (DD/MM/YYYY) _____

11. Purpose of Request: (Please be as specific as possible)

12. 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 information or using forged documents is a criminal offense. I bind myself and my principal to use the requested information only for specific purpose stated and subject to such other conditions as may be prescribed by the Metro Kalibo Water District. I understand that the Metro Kalibo Water District may collect, use and disclose personal information contained in this request.

(Signature over Printed Name of Requesting Party/Representative)

(Date Signed)

- 13 **FOR OFFICIAL USE ONLY:**

Received by: (Name and Signature) _____

Position: _____

Date and Time Received: _____