



# METROPOLITAN WATERWORKS AND SEWERAGE SYSTEM - CORPORATE OFFICE



## FREEDOM OF INFORMATION (FOI) REQUEST FORM

<b>Author:</b>	<b>Reference No.</b>	<b>Revision No.</b>	<b>Effectivity Date:</b>	<b>Page:</b>
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<b>REFERENCE NO.:</b>	
<b>DATE:</b>	

## FREEDOM OF INFORMATION (FOI) REQUEST FORM

Please read the following information carefully before proceeding with your application. Type or write in **BLOCK** letters and tick or mark boxes with "X" where necessary.

**Note: (\* ) denotes a MANDATORY field.**

### A. Requesting Party

You are required to supply your name and address for correspondence. Additional contact details will help us deal with your application and correspond with you in the manner you prefer.

<b>1. Title</b> (e.g., Mr., Mrs., Ms., Miss)	<b>2. Given Name/s</b> (Including M.I.)	<b>3. Surname</b>
	*	*
<b>4. Complete Address</b> (Apt/House Number, Street, City, Municipality, Province)		
*		
<b>5. Landline/Fax</b>	<b>6. Mobile</b>	<b>7. E-mail</b>
	*	
<b>8. Preferred Mode of Communication</b>	<input type="checkbox"/> Landline	<input type="checkbox"/> Mobile Number
	<input type="checkbox"/> E-mail	<input type="checkbox"/> Postal Address
<i>(If your request is successful, we will be sending the documents to you in this manner.)</i>		
<b>9. Preferred Mode of Reply</b>	<input type="checkbox"/> E-mail	<input type="checkbox"/> Fax
	<input type="checkbox"/> Postal Address	<input type="checkbox"/> Pick-Up at Agency
<b>10. Type of ID Given</b>	<input type="checkbox"/> Passport	<input type="checkbox"/> Driver's License
	<input type="checkbox"/> Voter's ID	<input type="checkbox"/> School ID
	<input type="checkbox"/> SSS ID	<input type="checkbox"/> Company ID
	<input type="checkbox"/> Postal ID	<input type="checkbox"/> Others _____

### B. Requested Information

<b>11. Agency – Connecting Agency</b> (if applicable)	*	_____
<b>12. Title of Document/Record Requested</b> (Please be as detailed as possible.)	*	_____ _____
<b>13. Date or Period</b> (DD/MM/YY)	*	_____
<b>14. Purpose</b>	*	_____
<b>15. Document Type</b>	*	_____
<b>16. Reference Number</b> (if known)	*	_____
<b>17. Any other Relevant Information</b>		_____



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### C. Declaration

Privacy Notice: Once deemed valid, your information from your application will be used by the MWSS-CO to deal with your application as set out in the Executive Order No. 2, Series of 2016 (Freedom of Information). If the MWSS-CO gives you access to a document, and if the document contains no personal information about you, the document will be published online in the MWSS-CO'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 this Privacy Notice; and
- I have presented at least one (1) valid 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 application, among others.

Signature \* \_\_\_\_\_  
Date Accomplished (DD/MM/YY) \* \_\_\_\_\_

### D. FOI Receiving Officer (INTERNAL USE ONLY)

Name (Print Name) \* \_\_\_\_\_

Agency – Connecting Agency (if applicable, otherwise N/A) \* \_\_\_\_\_

Proof of ID Presented (Photocopies of originals should be attached)

Passport     Driver's License     SSS ID     Postal ID

Voter's ID     School ID     Company ID     Others \_\_\_\_\_

The request is recommended to be:

If Denied, please Tick the Reason for the Denial

Approved     Denied

Invalid Request     Incomplete     Data already Available Online

Repeated or similar request by the same party     Data Privacy Act

Exception    Which exception? \_\_\_\_\_

FOI Receiving Officer (FRO) Assigned (Print Name) \* \_\_\_\_\_

FOI Decision Maker (FDM) Assigned to Application (Print Name) \* \_\_\_\_\_

Decision on Application

Successful     Partially Successful     Denied     Cost \_\_\_\_\_

If Denied, please Tick the Reason for the Denial

Other Agency     Data Privacy Act     Not an FOI request

Exception    Which exception? \_\_\_\_\_

Date Request Finished (DD/MM/YY) \* \_\_\_\_\_

Date Documents Sent (DD/MM/YY)

FOI Registry Accomplished     Yes     No

FRO Signature Date (DD/MM/YY) \* \_\_\_\_\_