



REQUEST FOR ACCESS TO DOCUMENTS/INFORMATION

A. To be filled-up by the Requesting Party*		
Requesting Party: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Surname First Name Middle Name </div> Address: _____ Name of Office: _____	Date: _____ Contact No. _____ Office Address: _____	
B. Information/Documents/Records requested* 	C. Specific Purpose* 	
D. Desired mode of receiving the information/ document/ record requested <input type="checkbox"/> To be picked-up <input type="checkbox"/> Through mail/private courier (payment required) <input type="checkbox"/> Other mode (Please specify) _____	E. I hereby certify that the above information is true and correct. Printed Name and Signature of Requesting Party _____ Date: _____	
F. To be filled up by the Processor:		
Receiving Officer: _____ <div style="text-align: center; font-size: small;">Name and Signature</div> Action Officer: _____ <div style="text-align: center; font-size: small;">Name and Signature</div> Status of Document: <div style="display: flex; justify-content: space-between; font-size: small;"> <div> <input type="checkbox"/> Already Disposed <input type="checkbox"/> Available Record <input type="checkbox"/> No Record Maintained by RS </div> <div> <input type="checkbox"/> Assessed Fee: _____ </div> </div>	Action Taken: <input type="checkbox"/> Issued Certification <input type="checkbox"/> Issued Certified Copy <input type="checkbox"/> No. of copies _____ <input type="checkbox"/> Total no. of pages _____ <input type="checkbox"/> Provided Photocopy only 	
G. To be accomplished by the Processor:	H. To be accomplished by the Records Section Chief	
The Request is recommended to be denied for the following reason/s: _____ _____ _____	<input type="checkbox"/> Request Approved <input type="checkbox"/> Request Disapproved _____ <div style="text-align: center; font-size: small;">Printed Name and Signature</div>	
I. The Requesting Party presented the original of at least two (2) of the following valid IDs (Photocopies must be attached here)		
<input type="checkbox"/> GSIS/SSS ID <input type="checkbox"/> Voter's ID <input type="checkbox"/> Passport <input type="checkbox"/> Driver's License	<input type="checkbox"/> IBP ID <input type="checkbox"/> PRC ID <input type="checkbox"/> Company ID <input type="checkbox"/> Senior Citizen's ID	<input type="checkbox"/> Postal ID <input type="checkbox"/> PhilHealth ID
J. Release of Request: Document/Record received by/released to: _____ <div style="text-align: right; font-size: small;">Printed Name and Signature of Requesting Party</div> IDs presented: _____ Date of Released: _____ Amount Paid: _____ O.R. No. _____ O.R. Date: _____		

Note: * Mandatory fields

(See instructions at the back)

Instructions for filling-out the Request Form:

1. The Requesting Party shall indicate his/her name (surname, first name, middle name), the date when request has been made, residential address, contact number, name of office and office address.
2. The document/record being requested must be specified, together with the specific purpose in requesting such file. Such request shall not be acted upon by the Records Section (RS) personnel if the requesting party fails to indicate the specific information/document/record being requested and the specific reason for such request.
3. The requesting party shall put a check (✓) mark on the box of the desired mode of receiving the information/ document/ record being requested. If the desired mode of receiving is "to be picked-up", the requesting party shall need to appear personally at the office of the DILG Records Section. An authorized representative may pick the requested file in lieu of the requesting party, provided that an Authorization Letter and two (2) valid IDs will be submitted and presented.
4. The requesting party shall certify that the information written in item A, B, C and D are true and correct, by affixing his printed name and signature in item "E" of this form.
5. The RS personnel who received the accomplished request form shall indicate his/her name and signature in the space provided in item "F". The request form shall be forwarded to the Action Officer concerned, for proper disposition of the request.
6. The Action Officer shall check the status of the document, if the information/document/record being requested is available, already disposed, or not available (no such record maintained by RS).
7. The Action Officer shall put a check (✓) mark on the action being taken, such as:
 - 7.1. Issued Certification – if the information being requested is not available;
 - 7.2. Issued Certified Copy – if the party requested an authenticated copy of the information/document/record. The number of copies and the total number of pages of record being requested must be specified. Corresponding fees shall be charged which shall be determined by the Action Officer concerned.
 - 7.3. Provide photocopy only – if the party requested a photocopy of the information/document/record being requested.
8. The Action Officer shall put the assessed fee in the space provided in item "F" of this form. Upon indicating the amount to be paid by the requesting party, the request form shall be returned to the requesting party.
9. The requesting party shall then proceed to the Accounting Division to seek an Order of Payment slip. Afterward, the requesting party shall proceed to the Cash Section to pay the applicable fees.
10. Upon payment, the requesting party shall return to the Records Section and present the OR Number attached to the Request Form. The official receipt (OR) number, OR date and amount paid shall be indicated by the Action Officer in the said form. Upon completion of all the details required, the Action Officer shall release the document/record to the requesting party or his duly authorized representative.
11. Upon released of request, the requesting party or his duly authorized representative shall indicate his name and signature as provided in item "G".
12. The IDs presented and the date of released shall be also indicated therein by the Action Officer of the Records Section.