FREEDOM OF INFORMATION REQUEST FORM

PART I. INFORMATION ON REQUESTING PARTY

1. Title: (Mr/Mrs/Miss/Ms) ______ Others ______

2. Full Name:
   Surname: __________________________
   First Name (Including M.I.): ____________

3. Complete Address:
   Apt/House No./Street: ____________________________
   Brgy/District: ____________________________
   City/Municipality: ____________________________
   Province: ____________________________


5. Type of I.D. Provided: (With photograph and signature)
   Passport    Driver’s License    Others: (Pls. Specify)    Agency ID    Voter’s ID

6. Contact Details:
   Landline: ____________________________
   Fax: ____________________________
   Mobile: ____________________________
   E-mail: ____________________________

7. Preferred Mode of Communication:
   (For clarification and other matters)
   □ Landline    □ Mobile    □ E-mail    □ Postal Address

8. Preferred Mode of Reply/Response:
   □ Pick-up    □ Fax    □ E-mail    □ Postal Address

PART II. REQUESTED INFORMATION

12. Title of Document/Record Requested:
   (Please provide as much detail as you can)
   □ Photocopy    □ Certified Photocopy    □ Certified True Copy

13. Date of Document: (if applicable) / / mm/dd/year

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

15. 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 or misleading information or using forged documents is a criminal offense. I bind myself and my principal to use the requested information only for the specific purpose stated and subject to such other conditions as may be prescribed by the Biodiversity Management Bureau (BMB). I understand that BMB may collect, use and disclose personal information contained in this request based on BMBs Data Privacy Policy in compliance to the Data Privacy Act.

16. Signature of Requesting Party or Representative: ____________________________

For BMB Official Use Only

Received by:
   Name/Signature: ____________________________
   Position: ____________________________
   Date and Time Received: ____________________________
   Remarks: ____________________________

For follow-ups or other inquiries, please contact +632.89266031 to 35 loc.217 and look for the FOI Receiving / Records Officer on duty or you may email records@bmb.gov.ph or helpdesk@bmb.gov.ph.