



Freedom Of Information (FOI)
FOI Request Form

Document Title: _____

Document Year (Inclusive Year/s): _____

Purpose: _____

Requester Name: _____

Requester Address: _____

Requester Email Address: _____

Contact Nos. (Mobile Number/Landline): _____

Signature: _____

Date: _____

How would you like to receive the information?

Proof of Identity

Email _____

Passport No. _____

Fax _____

Driver's License _____

Postal Address _____

Other _____

Pick-up(*Office hours*) _____

Submitted To:

Certified by:

(signature over printed name)

(signature over printed name)

(Date /Time of Submission)

(Type of action conducted)

Received by:

FOI Receiving Officer

<p>Remarks:</p>
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