



BALANGA WATER DISTRICT

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Tel. No. (047) 237-3491
Fax No. (047) 237-3868
E-mail: balanga_water@yahoo.com

FREEDOM OF INFORMATION REQUEST FORM

Requesting Party

First Name: _____ Middle Name: _____ Last Name: _____

Complete Address: _____

Landline/Fax: _____ Mobile: _____ Email: _____

Preferred Mode of Reply *(If your request is successful, we will be sending the document to you in this manner.)*

Email Fax Postal Address Pick-Up at Agency

Type of ID Given *(Please ensure your ID's contain your photo and signature)*

Passport Driver's Licence SSS ID Voter's ID

Others _____

Requested Information

Title of Document/Record Requested:

Date or Period: _____

Purpose:

Date

Signature over Printed Name

FOI Receiving Officer [Internal Use]

Submitted to: _____

Date & Time of Submission: _____

Certified by (Name & Signature): _____

Type of Action Conducted: _____

Remarks: _____

Received by: _____

FOI Receiving Officer