



FOI Request Form

TITLE OF DOCUMENT:

Certification as to the Status of the Land and other authenticated certificate related to the land are described below;

Lot numbers: 6569, 6568, 6555, 6701, 6700, 6699, 6556, 6566, 6565, 6563, 6561 of CAD 795D Bataraza Cadastre

DATE (mm/dd/yyyy): 08/15/2022

PURPOSE:

The purpose of my request is to know the status of the land for references only. Enclosed is a valid ID for your reference.

I look forward to hearing from you soon.

REQUESTING PARTY:

☐ DENR Official/Employee, assigned at _____

☐ not a DENR Official/Employee, with permanent postal address at: _____

REQUEST FOR:

- Certification of (pls. check appropriate box/es)
 - ☐ APPEAL/MOTION FOR RECONSIDERATION FILED
 - ☐ APPEAL MEMORANDUM FILED
 - ☒ AVAILABILITY OF DOCUMENT
 - ☒ OTHER (pls. specify)

Certification as to the Status of the Land

- Authenticated copies of document/s (pls. specify)

- Photocopy/ies of document/s (pls. specify)

Requirements:

- ☒ This request
- ____ SPA for Representative
- ____ Valid ID (any of the following)
 - a) DENR ID
 - b) Any Government ID
 - c) Company ID
 - d) GSIS E-card
 - e) SSS ID
 - f) IBP ID
 - g) PRC ID
 - h) Passport
 - i) Driver's License
 - j) Voter's ID
 - k) Postal ID
 - l) School ID
 - m) Brgy. Captain Certificate
 - n) Senior Citizen's ID

Kathleen O. Martinez
Signature over printed name

August 15, 2022
Date

0969 168 0969
Contact No/s.

katmartinez18@gmail.com
Email address

***KINDLY SUBMIT THE DULY ACCOMPLISHED FORM AT DENR MIMAROPA REGION-RECORDS SECTION OR
YOU MAY SEND IT VIA EMAIL TOGETHER WITH THE SCANNED/PICTURE OF VALID ID***

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(TO BE ACCOMPLISHED BY DENR OFFICIAL)

DECISION MAKER	Reason/s for disapproval:
<div><input type="radio"/> APPROVED</div> <div><input type="radio"/> DISAPPROVED</div>	
SIGNATURE/DATE	

PAYMENT	DATS NUMBER:
Amount Php _____	
OR# _____	RELEASING TIME/DATE:
DATE _____	ACTION OFFICER:



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MIMAROPA Region
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Email: mimaroparegion@denr.gov.ph
Website: <http://mimaropa.denr.gov.ph/>

DATE:

DATS NUMBER:

RELEASING DATE _____ ACTION OFFICER _____