



FOI Request Form

TITLE OF DOCUMENT:

CADASTRE MAPS of (1) Sitio Nagtabon, Barangay Bacungan, (2) Barangay Cabayugan, and (3) Barangay Napsan

DATE (mm/dd/yyyy): October 12, 2022

PURPOSE:

For personal research reference use only.

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) _____

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

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

Certified True Copies (Blue Print), if available

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

Genevieve Rivera Vidad
Signature over printed name

0939 573 2076
Contact No/s.

geneveveriveravidad@outlook.com
Email address

10-12-2022
Date

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:
☐ APPROVED ☐ DISAPPROVED	
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 _____