

## Office of the President PRESIDENTIAL ACTION CENTER

Malacañang, Manila

## **TRANSMITTAL**

Manila, 04 August 2023

Respectfully transmitted to **Secretary MA. ANTONIA YULO-LOYZAGA**, Department of Environment and Natural Resources, DENR Bldg., Visayas Ave., Diliman, Quezon City [**Thru: Mr. JOSE JOAQUIN YULO LOYZAGA**, Head Executive Assistant], for appropriate action, consistent with existing laws, rules and regulations on the matter, the attached letter dated 04 August 2023, with enclosure/s, addressed to **PRESIDENT FERDINAND R. MARCOS**, **JR**. from **Ms. MARILOU I. SOLAS** <09669728708>, seeking Presidential intercession relative to issues and concerns which, as stated therein, may be best coordinated/addressed by that Office.

A reply direct to the party/ies concerned, copy furnished the Center, citing **PACE Code No. WIC-RMT-08-04-2023-170**, will be highly appreciated. Expeditious action is requested in accordance with the provisions of Republic Act No. 11032, otherwise known as the Ease of Doing Business and Efficient Government Service Delivery Act of 2018 as implemented and enforced by the **Anti-Red Tape Authority**. Please be reminded that failure to timely respond to the public's concern shall be a ground for administrative sanctions under existing laws and regulations.

JAIME LLAGUNO MABILIN
Director IV

cc: party/ies concerned Enclosure/s forwarded thru mail RMT . .

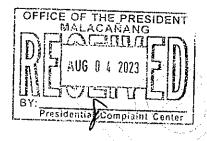


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H.E. FERDINAND R. MARCOS, JR. President Republic of the Philippines Malacañang, Manila



THRU: PRESIDENTIAL ACTION CENTER

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John Gorbas

**Signature** Full Name **Mailing Address** 

**Email Address** Contact No.

Very truly yours

## CERTIFICATION AND AUTHORIZATION

By signing this form, I hereby certify that the information I provided herein is true, accurate, and complete. I further agree to notify/update the Office of the President (OP) of any change in the information supplied in this form.

As to the collection of data, this is to authorize the OP to collect, use, retain, and share the personal data of the patient(s) and/or his/her authorized representative for the purpose of processing the financial medical assistance request(s).

I/We understand that the OP is committed to ensuring the confidentiality of the patient's and/or of the authorized representative