



FOI Request Form

TITLE OF DOCUMENT: REQUEST COPY OF CADASTRAL MAP OF PUERTO GALERA

DATE (mm/dd/yyyy): 11/11/2023

PURPOSE: RESEARCH/ THESIS PROPOSAL

REQUESTING PARTY:

☒ DENR Official/Employee, assigned at SURVEYS AND MAPPING DIVISION

☐ 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)
 - CLASS ADVISER REQUEST APPROVAL
 - SCHOOL ID

- 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

NICOLE M. GASPE
Signature over printed name

11/11/2023
Date

09652519848
Contact No/s.

nicole.gaspe@g.batstate-u.edu.ph
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:
☐ APPROVED ☐ DISAPPROVED	
SIGNATURE/DATE	

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



Republic of the Philippines
Department of Environment and Natural Resources
MIMAROPA Region
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DENR VOIP: (02) 8248-3367/ 8249-3367 local 2701; Facsimile: (632) 405-0046
Email: mimaroparegion@denr.gov.ph
Website: <http://mimaropa.denr.gov.ph/>

DATE:

DATS NUMBER:

RELEASING DATE _____ ACTION OFFICER _____