



PLARIDEL WATER DISTRICT

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FREEDOM OF INFORMATION REQUEST FORM

To be accomplished by the Applicant

1. Name:

2. Residence/ Business Address:

3. Proof of Identity:

4. Contact Information

Landline:

Mobile No.:

Email:

5. Title of Document/ Record Requested:

6. Purpose of Request:

7. Name and signature of authorized representative if any:

Proof of identity/ Evidence of authority:

I declare and certify that the information provided in this form is complete and correct. I am aware that giving false or misleading information or using forged documents is a criminal offense. I bind myself and my principal to use the requested information only for the specific purpose stated and subject to such other conditions as may be prescribed by the Office of the President. I understand that the Office of the President may collect, use and disclose personal information contained in this request.

Signature over printed name

For Official Use Only

Received by:

Date and Time Received:

Signature:

Remarks:

Position: