COMMISSION ON ELECTIONS
Intramuros, Manila

STANDARD FORM
REQUEST FOR INFORMATION

Request No.: ________

Please read carefully and complete this request form before proceeding with your request.
Tick or mark boxes with (✓) where necessary.

Information/Document/Record Requested:____
____

Year/Date of Information/Document/Record:________________________________

Reason/Purpose for the Request:______________________________________
____

Date of Request: ____________________

Preferred Mode of Communication:

Landline ☐ Mobile Phone ☐ Postal Address ☐ Email ☐

Preferred Mode of Release:

Email ☐ Postal Address ☐ Fax ☐ Pick-up from office (during office hours) ☐

REQUESTING PARTY

Name of Requesting Party/Authorized Representative:
____
(Last Name) (First Name) (Middle Name)

Complete Residential Address:____
____

Name of Agency/Organization/Company, *if any:*___________________________

Address of Agency/Organization/Company:_______________________________
____

Landline/Fax:________________
Mobile phone:________________
Email address:______________________________________

With Letter of Authorization YES ☐ NO ☐
(Please attach original copy.)

Proof of Identity Given:

Agency/Organization/Company ID Card ☐ Passport ☐ GSIS/SSS ID ☐

Driver's License ☐ TIN/Pag-IBIG/PhilHealth Card ☐ Voter's ID ☐

Senior Citizen's ID ☐ OTHERS (*Please specify*) ____________________
(Please attach a photocopy of original ID presented)

____

SIGNATURE OVER PRINTED NAME
REQUESTING PARTY/AUTHORIZED REPRESENTATIVE

TO BE ACCOMPLISHED BY THE FOI RECEIVING OFFICER

Name of FOI Receiving Officer: ______________________________

Rank/Title/Position: ______________________________

Office/Department: ______________________________

The request is recommended to be: Approved ☐ Denied ☐

If denied, please tick/mark with (✓) the box indicating the Reason for the Denial:

Invalid Request ☐ Incomplete ☐ Data Already Available Online ☐

Action Taken/Conducted: ______________________________

____

______________________________ ______________________________

SIGNATURE OVER PRINTED NAME **DATE/TIME OF RECEIPT**
COMELEC FOI RECEIVING OFFICER

NOTE: Give one copy of the accomplished Request Form to the Requesting Party/Authorized Representative.