



**REQUEST FOR COPY OF RECORDS
PPA-HEAD OFFICE**

Form No: PM-APC-PPA-CDI-FM-07

Revision No: 02

Date of Effectivity: June 24, 2021

Date of Request :		Request No.
Name of Requesting Entity		
Name of Representative		
Title/Type of Record		
Purpose		

Photocopy Record
 Soft Copy
 Others, pls. specify

<p>_____</p> <p>(Signature Over Printed Name)</p> <p>Requesting Entity/Representative</p>	<p> <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved Reason for Disapproval _____ _____ _____ Name & Signature of Port Manager or Duly Authorized Representative </p>
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<p align="center">Instruction to OPR-Records</p> <p> <input type="checkbox"/> Release copy of requested record/s <input type="checkbox"/> Remarks _____ _____ _____ </p>	<p align="center">For Request/s of Archived Records</p> <p> <input type="checkbox"/> Retrieve requested copy from storage area <input type="checkbox"/> Release copy of requested record/s _____ Name & Signature of PMO/HO Records Officer </p>
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ACKNOWLEDGEMENT RECEIPT

<p>Released By: _____</p> <p align="center">Name & Signature of Releasing Officer</p> <p>Date : _____</p>	<p>Received By: _____</p> <p align="center">Name & Signature of Requesting Entity/Representative</p> <p>Date & Time : _____</p>
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