



REQUEST FOR COPY OF RECORDS
PPA-HEAD OFFICE

Form No: PM-APC-PPA-DI-FM-09

Revision No: 01

Date of Effectivity: April 11, 2017

Date of Request :

Request No.

Name of Requesting Entity

Name of Representative

Title/Type of Record

Purpose

Photocopy Record

Soft Copy

Others, pls. specify _____

Approved

Disapproved

Reason for Disapproval _____

(Signature Over Printed Name)

Requesting Entity/Representative

Name & Signature of Duly Authorized Representative

Instruction to OPR-Records

Release copy of requested record/s

Remarks _____

For Request/s of Archived Records

Retrieve requested copy from storage area

Release copy of requested record/s

Name & Signature of PMO/HO Records Officer

ACKNOWLEDGEMENT RECEIPT

Released By:

Name & Signature of Releasing Officer

Date :

Received By:

Name & Signature of Requesting Entity/Representative

Date & Time :
