



RECORD REQUEST FORM

| | | |
|--|--|--|
| Name: _____ | Contact No: _____ | |
| Department / Company: _____ | | |
| Date / Time of Request: _____ | | |
| Mode of Request: | | |
| <input type="checkbox"/> Walk-in | <input type="checkbox"/> by Phone/Text | <input type="checkbox"/> E-mail/Letter/Memo |
| Type of Record: _____ | | |
| Form of Record: | | |
| <input type="checkbox"/> Hard copy | <input type="checkbox"/> Soft copy | <input type="checkbox"/> Storage / Destination |
| Type of Syndication: | | |
| <input type="checkbox"/> Fax | <input type="checkbox"/> E-mail | <input type="checkbox"/> Delivery/Pickup |
| Purpose: _____ | | |
| To be filled up by THEP personnel | | |
| Request Received by: _____ Department: _____ | | |
| Remarks: _____ | | |
| Date / Time of Completion: _____ | | |

Assisted & Verified by:

Approved / Disapproved by:

Signature Over Printed Name

Officer-In-Charge