

From Sor Bor Khor. SorTor. 01
No.

**Information Request Form
Department of Local Administration**

Part1

I, (Mr./Mrs./Miss.....
Position.....Occupation.....
Organization/Institution.....

Address

Building name.....Room No. Floor..... Village.....
No. Alley.....Street/RoadSub-district.....
District.....Province..... Psdtal code.....
Contact number at working hours (8.30-16.30)

Fax Number.....
Mobile phone Number..... Email
Wish to have an information.....
.....

Reason

- for dissemination for exhibition for academic purpose
- for job learning for training/seminar for meeting
- for reference
- for documentary evidence
- other.....

Type (s) of Document (s)

- Photocopy of document/s Certified photocopy of document/s
- Copy of digital document/s
- Publication Information/data recognized
- Other

Please find the attachment herewith

Signed
(.....)
Date/...../.....

Part 2

Comment of the coordinating official

To.....

The requested information is under the responsibility of
division of..... Which is

[] general information

Name of authority.....

- The information must be certified by a person whose
position is practitioner level or higher

[] information requested as per court 's order

- Authorizer is Director-General, Department of Local
Administration

- The information must be certified by a person whose
position is professional level higher

Sincerely yours,

Signed.....

(.....)

Coordinating Official

Date...../...../.....

Part 3

Authorizer' s order

[] Approved

[] Not Approved

[] No information as requested

Reason,

.....
.....
.....
.....

Signed.....

(.....)

Position.....

...../...../.....

