

Information Request Form
Department of Local Administration

Part 1

I, (Mr./Mrs./Miss)

Position.....Occupation.....

Organization/Institution.....

Address

Building name.....Room No.....Floor.....Village.....

No.....Atley.....Street/Road.....Sub-district.....

District.....Province.....Postal 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