



NO. ....

### Information Request Form

#### Pakkret Municipality

#### Part 1

I, (Mr./Mrs./Miss.).....Age.....

Occupation.....Organization/Institution.....

Address

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

No. ....Alley.....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

1.....

2. ....

3. ....

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

( ) Information/data recognized ( ) ask for the documents/Media Relations

( ) other .....

Signed.....

(.....)

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

**Part 2**

Comment of the coordinating official

To.....

The requested information is under the responsibility of division of .....which is  
( ) general information by Section.....  
of the official information Act , B.E. 2540

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 Mayor Pakkretcity

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

Sincerely yours,

Signed.....

(.....)

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

**Part 3**

Authorizer's order

( ) Approved

( ) Not Approved

( ) No information as requested

Reason,

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.....

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Signed.....

(.....)

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