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| PEMERINTAH KABUPATEN BENGKAYANG  PEJABAT PENGELOLA INFORMASI DAN DOKUMENTASI  Jalan Guna Baru Trans Rangkang  Email : ppid.bengkayang@gmail.com  FORMULIR  PERMINTAAN INFORMASI PUBLIK  No. Register :..........................................  Yang bertanda tangan di bawah ini, mengajukan permintaan informasi : | | | | |
| Nama Pemohon Informasi | : | .................................................................................. | | |
| Nomor KTP/ SIM | : | .................................................................................. | | |
| Alamat Pemohon Informasi | : | ..................................................................................  ..................................................................................  .................................................................................. | | |
| Nomor Telepon/HP | : | .................................................................................. | | |
| Email | : | .................................................................................. | | |
| Informasi Yang Dibutuhkan | : | .................................................................................. | | |
| Alasa Permintaan | : | ..................................................................................  ..................................................................................  .................................................................................. | | |
| Nama Pengguna Informasi | : | .................................................................................. | | |
| Cara Memperoleh Informasi | : | 1. Langsung  4. Fax | 2. Website  5. Via Pos | 3. Email |
| Format Bahan Informasi | : | 1. Tercetak | 2. Terekam |  |
| Cara Mengirim Bahan Informasi | : | 1. Langsung | 2. Via Pos | 3. Email |
| Data dan Informasi yang kami peroleh, kami gunakan sesuai dengan ketentuan peraturan perundang-undangan yang berlaku. | | | | |
|  |  | ......................., .................................20........  Pemohon Informasi  ..............................  (Nama Jelas & Tanda Tangan) | | |