|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FORMULIR PERMOHONAN INFORMASI** | | | | | |
| No : *(diisi o*/PPID/2023 | | | | | |
|  | | | | | |
| **Nama** | **:** |  | | | |
| **Alamat** | **:** |  | | | |
|  |  |  | | | |
| **Nomor telepon** | **:** |  | | | |
| **Email** | **:** |  | | | |
| **Informasi yang Dibutuhkan** | **:** |  | | | |
|  |  |  | | | |
| **Tujuan Penggunaan Informasi** | **:** |  | | | |
|  |  |  | | | |
|  |  |  | | | |
| **Cara Memperoleh Informasi\*\*** |  |  | Melihat/ membaca/ mendengarkan/ mencatat\*\*\* | | |
|  |  |  | Mendapatkan salinan informasi (hardcopy/softcopy)\*\*\* | | |
|  |  |  |  | | |
| **Cara Mendapatkan Salinan Informasi** | |  | Mengambil langsung | | |
|  |  |  | Kurir | | |
|  |  |  | Pos | | |
|  |  |  | Faksimile | | |
|  |  |  | E-mail | | |
|  |  |  |  |  |  |
|  |  |  | Sleman, 2023 | | |

|  |  |
| --- | --- |
| Petugas Pelayanan Informasi  (Penerima Permohonan Informasi)  (...........................................) | Pemohon Informasi  (...........................................) |

\*\*Pilih salah satu dengan memberi tanda (√)

\*\*\*Coret yang tidak perlu