**FORMULIR PERMOHONAN INFORMASI PUBLIK**



Diagram

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##### BALAI BESAR PELATIHAN KESEHATAN JAKARTA

# PEJABAT PENGELOLA INFORMASI DAN DOKUMENTASI

##### Jalan Wijaya Kusuma Raya No.45, Cilandak, Jakarta Selatan

Telp. (021)7657625, *Call Center* 0813 5000 4502

**FORMULIR PERMOHONAN INFORMASI PUBLIK**

No. Pendaftaran *(diisi petugas)*\*: …………/PIP-PPID/......../..........

Nama : .....................................................................................

Alamat : .....................................................................................

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Nomor Telepon/Email : .....................................................................................

Rincian Informasi yang Dibutuhkan : .....................................................................................

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Tujuan Penggunaan Informasi : .....................................................................................

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Cara Memperoleh Informasi\*\* : 1. Melihat/membaca/mendengarkan/mencatat (web/telp dll)

2. Mendapatkan salinan informasi (hardcopy/ softcopy)

Cara Mendapatkan Salinan Informasi\*\*\* : 1. Mengambil Langsung

2. Kurir

3. Pos

4. Email

5. Faksimili

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Petugas Pengelola Informasi Pemohon Informasi

(Penerima Permohonan)

(……………………………......) (……………………………....)

Nama dan Tanda Tangan Nama dan Tanda Tangan