

AUTHORIZATION LETTER
FOR APPLICATION OF OMBUDSMAN CLEARANCE

(Date)

CLEARANCE SECTION
PUBLIC ASSISTANCE BUREAU
Office of the Ombudsman
60 Miriam Defensor P. Santiago Avenue
Bagong Pag-Asa, Quezon City

Dear Sir/Madame:

This is to authorize the bearer, _____,
to perform the following act/s on my behalf, as regards my application for Ombudsman
Clearance:

(Mark the box/es corresponding to the act/s which the representative is authorized to perform.)

FILE SIGN CLAIM

Enclosed are photocopies of our valid IDs (applicant's and representative's), with the
respective three specimen signatures for reference.

You may reach me at the contact number indicated below for any clarifications.

Thank you for your assistance.

Very truly yours,

SIGNATURE OVER PRINTED NAME OF APPLICANT
Contact Number