**FORMAT FORMULIR PERMOHONAN INFORMASI PUBLIK**

**(RANGKAP DUA)**

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| **LOGO KABUPATEN TEMANGGUNG.png**  **PEMERINTAH KABUPATEN TEMANGGUNG**  **Sekretariat Pelayanan Informasi Publik** Jalan Jend. SudirmanNo. 41-42 Lt.4 Temanggung Kode Pos No. 56216 *Telp. (0293) 4961389*  **T E M A N G G U N G**  **FORMULIR KEBERATAN ATAS PERMOHONAN INFORMASI**  No. Keberatan *(diisi petugas)\** : ............/PIP-PPID/........./..........   1. **INFORMASI PENGAJUAN KEBERATAN**  |  |  |  | | --- | --- | --- | | No. Registrasi Pendaftaran | : | .............................................................................................. | | Tujuan Penggunaan Informasi  **Identitas Pemohon** | : | ..............................................................................................  ..............................................................................................  .............................................................................................. | | Nama | : | .............................................................................................. | | Alamat  Nomor Telepon/Email | :  : | ..............................................................................................  .............................................................................................  ……………………………………………………………… | | **Identitas Kuasa Pemohon** |  |  | | Nama | : | ............................................................................................ | | Alamat | : | ............................................................................................  ............................................................................................ | | Nomor Telepon/Email | : | ............................................................................................ |  1. **ALASAN PENGAJUAN KEBERATAN**  * Permohonan Informmasi ditolak * Informasi berkala tidak disediakan * Permintaan Informasi tidak ditanggapi * Permintaan ditanggapi tidak sesuai yang diminta * Permintaan informasi tidak dipenuhi * Biaya yang dikenakan tidak wajar * Informasi disampaikan melebihi batas waktu yang ditentukan  1. **KASUS POSISI** *(tambahkan kertas bila perlu)*   ......................................................................................................................................................................   1. **HARI/TANGGAL TANGGAPAN ATAS KEBERATAN AKAN DIBERIKAN :**   ................./............................................/....................... (*diisi oleh petugas*)  Demikian keberatan ini saya sampaikan, atas perhatian dan tanggapannya saya ucapkan terimakasih.   |  |  | | --- | --- | | Mengetahui,  Petugas Informasi  (..................................................) | ......................................, ..........................................  Pengaju Keberatan  (.....................................................) | |
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| Petugas meja informasi  (Penerima Permohonan)  (.....................................................)  Nama dan Tanda Tangan | ............................., ..........................................  Pemohon Informasi  (....................................................)  Nama dan Tanda Tangan |