# SEKRETARIAT DAERAH KOTA MADIUN

**BAGIAN ADMINISTRASI PEMERINTAHAN UMUM**

**PERNYATAAN KEBERATAN ATAS PERMOHONAN INFORMASI**

|  |  |
| --- | --- |
|  | **INFORMASI PEMOHON KEBERATAN** |
|  | Nomor Register (diisi petugas) | : |  |
|  | Nomor Pemohon | : | ........................................................................................ |
|  | Informasi yang dibutuhkan | : | ........................................................................................ |
|  | Tujuan Penggunaan Informasi | : | ........................................................................................ |
|  | ......................................................................................................................................................... |
|  | ......................................................................................................................................................... |
|  | ......................................................................................................................................................... |
|  | Identitas Pemohon |  |  |
|  | NIK | : |  |
|  | Nama | : |  |
|  | Alamat | : |  |
|  | No. Telp / E-mail | : |  |
|  | Identitas Kuasa Pemohon (jika ada) |  |
|  | NIK | : |  |
|  | Nama | : |  |
|  | Alamat | : |  |
|  | No. Telp / E-mail | : |  |
| **B.** | **ALASAN PENGAJUAN PERMOHONAN KEBERATAN** |
|  |  | 1. Permohonan Informasi ditolak
 |
|  |  | 1. Informasi berkala tidak disediakan
 |
|  |  | 1. Permintaan Informasi tidak ditanggapi
 |
|  |  | 1. Permintaan Informasi ditanggapi tidak sebagaimana yang diminta
 |
|  |  | 1. Permintaan Informasi tidak dipenuhi
 |
|  |  | 1. Informasi yang disampaikan melebihi jangka waktu yang ditentukan
 |
|  |  |  |  |
|  |  |  |  |
| **C.** | **KASUS POLISI** |
|  | ......................................................................................................................................................... |
|  | ......................................................................................................................................................... |
|  | ......................................................................................................................................................... |
|  | ......................................................................................................................................................... |
|  | ......................................................................................................................................................... |
| D. | **HARI / TANGGAL TANGGAPAN ATAS KEBERATAN AKAN DIBERIKAN** (diisi petugas) **:** |
|  | ......................................................................................................................................................... |
|  | ......................................................................................................................................................... |
|  |  |
|  | Demikian keberatan ini saya sampaikan, atas perhatian dan tanggapan Saudara disampaikan terima kasih. |
|  |  |  |  |

|  |  |
| --- | --- |
|  | Madiun,.................................... |
| Petugas Pelayanan Informasi | Pemohon Keberatan |
|  |  |
|  |  |
|  |  |
| (..........................................................)Nama dan Tanda Tangan | (........................................................)Nama dan Tanda Tangan |