



Republic of the Philippines  
**OFFICE OF THE CITY ASSESSOR**  
 Quezon City, Metro Manila



**TAX DECLARATION APPLICATION & ROUTING FORM**  
 (ANNOTATION)

Date filed: \_\_\_\_\_

Control No.: \_\_\_\_\_

[PLEASE PRINT THIS PORTION LEGIBLY TO AVOID ERROR IN PERSONAL REFERENCE]

|  |      |  |          |  |           |
|--|------|--|----------|--|-----------|
| SUBJECT / TYPE OF PROPERTY:<br>Tax Declaration No. _____ | Land |  | Building |  | Machinery |
|  |      |  |          |  |           |

NAME OF DECLARED OWNER: [TCT/Building plan as reference] \_\_\_\_\_

List of Co-owners: \_\_\_\_\_

Owner/s' Complete Mailing Address: \_\_\_\_\_ T.I.N. \_\_\_\_\_

Administrator: \_\_\_\_\_ T.I.N. \_\_\_\_\_  
 Address: \_\_\_\_\_ T.I.N. \_\_\_\_\_

**ANNOTATION/S REQUESTED:**  
 \_\_\_\_\_

DOCUMENTARY REQUIREMENTS ATTACHED (Please check appropriate box):

- TCTs certified copy from RD (for TCT RELATED ANNOTATIONS)
- Certified copy of court decisions/Warrant of Levy/Cancellation of Warrant, etc. as may be necessary (to support request)
- Letter-request of the owner specifying requested Annotation
- Certified copy of court decisions/Warrant of Levy/Cancellation of Warrant, etc. as may be necessary (to support request)
- Owner's authorization/special power of attorney (for other parties requesting)
- Picture of property (3" x 5" colored) – frontage/facade  
Please attach separate sheet, if necessary

|  |  |                     |
|--|--|---------------------|
| Prepared by: _____<br>Applicant _____ Date _____ | Received by: _____<br>Receiving Officer _____ Date _____ | <b>FORM<br/>105</b> |
| Valid Contact No.. _____                         | Valid email address _____                                |                     |

| DOCUMENT TRACKING                              |               |            |         |
|--|---------------|------------|---------|
| WORKSTATION                                    | Received Time | Record Out | REMARKS |
| RECEIVING                                      |               |            |         |
| STN 1 - EDP<br>OSS TMD<br>PAD<br>CLERK         |               |            |         |
| STN 2  |               |            |         |
| STN 3 VERIFY<br>REVIEW<br>APPROVAL<br>TRANSMIT |               |            |         |
| STN 4  |               |            |         |
| STN 5  |               |            |         |
| STN 6  |               |            |         |

**ACKNOWLEDGEMENT/CLAIM SLIP**

Control No.: \_\_\_\_\_

FILED BY: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CONTACT NO. \_\_\_\_\_

FOLLOW-UP BEFORE SCHEDULED RELEASE ON: \_\_\_\_\_ TEL. NO. **988-4242 LOC. 8031; 8291**

Contact details of Office to call for recommendations, queries and complaints: [CityAssessor@quezoncity.gov.ph](mailto:CityAssessor@quezoncity.gov.ph) or <https://www.facebook.com/quezoncityassessorsoffice> \*\* New TD/NOA will be released upon presentation of this claim slip.