



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



TAX DECLARATION APPLICATION & ROUTING FORM
 (ANNOTATION)

Date filed:

Control No.:

IMPORTANT: [PLEASE PRINT THIS PORTION LEGIBLY TO AVOID ERROR IN PERSONAL REFERENCE] PROCESSING OF TRANSACTION COMMENCES ONLY UPON SUBMISSION OF COMPLETE DOCUMENTS. INCOMPLETE REQUIREMENTS WILL NOT BE PROCESSED.

*** REQUIRED FIELDS**

SUBJECT / TYPE OF PROPERTY: Tax Declaration No.	PREFERENCE FOR RELEASE (pls check):	PICK-UP	REGISTERED MAIL
	Land	Building	Machinery

*NAME OF DECLARED OWNER: [TCT/Building plan as reference] *Registered owner's email address:

List of Co-owners: _____

*Owner/s' Compete Mailing Address: _____ *Registered owner's contact number:

Administrator: _____
 Address: _____

*ANNOTATION/S REQUESTED:

DOCUMENTARY REQUIREMENTS ATTACHED (Please check appropriate box):

- RD Certified True Copy of Title (TCT/CCT) with corresponding annotation, for annotation of Adverse Claim, Lis Pendens, Mortgage, etc.
 - 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
 - Owner's authorization/special power of attorney (for other party/ies requesting)
 - Valid government ID of both owner or representative, to be presented upon release.
- Please attach separate sheet, if necessary

I DECLARE UNDER THE PENALTIES OF PERJURY that all information contained in this application are true and correct based on my personal knowledge and all its attachments are authentic records submitted to the City Assessor's Office. Any fake or misleading information supplied/attached, or production of fake/falsified documents, shall be grounds for appropriate legal action against me and automatically denies the application.

Further, I give my consent to the processing of all personal information as defined under the Data Privacy Act of 2012 (R.A. No. 10173) and its IRR for legitimate and lawful purposes and agrees that real property related accounts or records with Quezon City Government may be processed, profiled or shared to requesting parties or for the purpose of any court, legal process, examination, inquiry and audit or investigation of any authority. **(If signed by an Authorized Representative, indicate Valid ID, email and attach Notarized SPA/authorization letter)**

Prepared by: _____ Applicant Date	Received by: _____ Receiving Officer Date	FORM 105
*Valid Contact No.. _____		
*Valid email address _____		

DOCUMENT TRACKING

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

ACKNOWLEDGEMENT/CLAIM SLIP

Control No.: _____

FILED BY: _____

CONTACT NO. _____ TEL. NO. **8988-4242 LOC. 8031; 8291**

FOLLOW-UP BEFORE SCHEDULED RELEASE ON: _____ ** New TD/NOA will be released upon presentation of this claim slip.

We want to serve you better and improve our client service standards. To fulfill this, let us know what you think and how well did we serve you by answering our customer satisfaction survey form, or thru our contact details : CityAssessor@quezoncity.gov.ph or <https://www.facebook.com/quezoncityassessorsoffice>.