



APPLICATION FOR CANCELLATION OF TAX DECLARATION

Date filed: _____

Control No.: _____

* **REQUIRED FIELDS** PREFERENCE FOR RELEASE (pls check): PICK-UP REGISTERED MAIL

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

RECORD OF OWNERSHIP [TCT/Building plan as reference] *Registered owner's email address: _____
*Owner/s (per Tax Declaration): _____

*REMARKS/REASONS FOR CANCELLATION:

MANDATORY REQUIREMENTS (Please check appropriate box):

<input type="checkbox"/>	Letter-request of the owner specifying property and reason for cancellation of assessment
<input type="checkbox"/>	Demolition Permit (in case of demolition)
<input type="checkbox"/>	Certification from Fire Department (if razed by Fire)
<input type="checkbox"/>	Photo-copy of Current Year Realty Property Tax Payment (Mandatory requirement)

OTHER REQUIREMENTS

<input type="checkbox"/>	Barangay Certification (if necessary)
<input type="checkbox"/>	Picture of property (3" x 5" colored, photo paper)
<input type="checkbox"/>	Owner's authorization/special power of attorney (for other party/ies requesting)

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

Prepared by: _____ *Applicant	Date _____	Received by: _____ Receiving Officer	Date _____	FORM 106
*Valid Contact No. _____		*Valid email address: _____		

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>.