



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



TAX DECLARATION APPLICATION & ROUTING FORM
(CORRECTION/UPDATING)

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**

	PREFERENCE FOR RELEASE (pls check):	<input type="checkbox"/>	PICK-UP	<input type="checkbox"/>	REGISTERED MAIL
SUBJECT / TYPE OF PROPERTY:	Land		Building		Machinery
Tax Declaration No.					

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

List of Co-owners: _____

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

Administrator: _____
 Address: _____

***MEMORANDA/CORRECTIVE MEMO:**

FROM: _____		TO: _____
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DOCUMENTARY REQUIREMENTS ATTACHED (Documents required may depend on the information being requested for correction):
 Please check appropriate box:

<input type="checkbox"/>	RD Certified True Copy of Title (TCTs/CCTs), for correction of Owner/s' Name, Technical description, etc.
<input type="checkbox"/>	Letter-request of the owner specifying requested correction and purpose for which the document will be used
<input type="checkbox"/>	Owner's authorization/special power of attorney (for other party requesting)
<input type="checkbox"/>	Valid government ID of both owner or representative, to be presented upon release.

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 104
*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 Client Satisfaction Measurement survey form, or thru our contact details : CityAssessor@quezoncity.gov.ph or <https://www.facebook.com/quezoncityassessorsoffice>.