



Civic Center B Building, City Hall Compound, Quezon City

**REQUEST FOR CERTIFICATION/PROPERTY VERIFICATION**

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

Authorization attached: \_\_\_\_\_

**Requesting Party** \_\_\_\_\_ **Relationship to Owner:** \_\_\_\_\_

Address \_\_\_\_\_

Property Owner \_\_\_\_\_

**PURPOSE:** ( ) BIR ( ) RD ( ) CTO-Transfer Tax/Tax Clearance **Year of Death:** \_\_\_\_\_

(Please check) ( ) Bank Loan ( ) Others - Please specify: \_\_\_\_\_

ACTION REQUESTED FOR:	Property Reference (Tax Dec. No./PIN/TCT)	Attachments
<input type="checkbox"/> CERTIFICATION/S	_____	_____
<input type="checkbox"/> Property Holding	_____	_____
<input type="checkbox"/> No Improvement	_____	_____
<input type="checkbox"/> With Improvement	_____	_____
<input type="checkbox"/> No Property	_____	_____
<input type="checkbox"/> PROPERTY CHECKING/VERIFICATION	_____	_____
<input type="checkbox"/> Verification only	_____	_____
<input type="checkbox"/> Computer printout	_____	_____

Signature of requesting party:
Signature over Printed Name
ID NO. :
Valid Contact No.
Email Address:

ACTION TAKEN
( ) Approved
( ) Disapproved

Certification fee
OR No.
Additional fees
Amount (Php)

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