



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 (indicate name of spouse if married) _____

PURPOSE: () BIR () RD () CTO-Transfer Tax/Tax Clearance

Year of Death: _____

(Please check) () Bank Loan () Others - Please specify: _____

Marital Status: Single Married

ACTION REQUESTED FOR:	Property Reference (Tax Dec. No./PIN/TCT)	Attachments
<input type="checkbox"/> CERTIFICATION/S (PLEASE INDICATE NO. OF COPIES REQUESTED)		
<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)

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. 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).