



Republic of the Philippines
CITY ASSESSOR'S OFFICE
Civic Center B Building, City Hall Compound, Quezon City
ASSESSMENT RECORDS MANAGEMENT DIVISION



REQUEST FOR CERTIFIED TRUE COPY OF TAX DECLARATION

Control No. _____

Date: _____

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: _____

Tax Declaration Number	PIN/BARANGAY	No. of Copies
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature of requesting party:

Signature over Printed Name

RECEIVED BY:

Date :

Cellphone No.: _____

Email Address: _____

***Photo copy of ID to be attached*