



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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*** Kindly indicate if you need the latest copy*

Signature of requesting party:

Signature over Printed Name

RECEIVED BY:

Date : _____

Email Address: _____ **Cellphone No.:** _____

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).