



Republic of the Philippines
CITY ASSESSOR'S OFFICE



Civic Center B Building, City Hall Compound, Quezon City

REQUEST FOR CERTIFICATION/TAX MAP/PROPERTY IDENTIFICATION

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"/>	Tax Map	_____	_____
<input type="checkbox"/>	Certification of Adjoining Lot Owners	_____	_____
<input type="checkbox"/>	Property Location based on Tax Map	_____	_____

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)