



Republic of the Philippines
OFFICE OF THE CITY ASSESSOR
 Quezon City, Metro Manila



TAX DECLARATION APPLICATION & ROUTING FORM
 (NEW ASSESSMENT/REASSESSMENT)

Date filed: _____

Control No.: _____

IMPORTANT: [PLEASE PRINT LEGIBLY TO AVOID ERROR IN PERSONAL REFERENCE] PROCESSING OF TRANSACTION COMMENCES ONLY UPON SUBMISSION OF COMPLETE DOCUMENTS. INCOMPLETE REQUIREMENTS WILL NOT BE PROCESSED.

*** REQUIRED FIELDS**

PREFERENCE FOR RELEASE (pls check): PICK-UP REGISTERED MAIL

*Land Ref. (Lot/Blk/Survey No.) : _____
 *Tax Declaration No.: _____

*NAME OF NEW/REGISTERED OWNER: [TCT/Building plan as reference]	*Registered owner's email address:
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List of Co-owners: _____

*New Owner/s' Complete Mailing Address: _____

*Registered owner's contact number: _____

Administrator: _____
 Address: _____

MANDATORY REQUIREMENTS ATTACHED (Please check appropriate box):

- Approved Building Permit/Renovation permit (for Improvement)
- Approved Building Plan (for improvement)
- Mechanical Permit (for machinery)
- Official Receipt & Date of Installation of Machinery as certified by DBO (for machinery)
- Supplier Contract Agreement (for Machinery)
- Picture of property (3"x5" colored, photo paper) - frontage/façade (showing full view of the structure)

OTHER REQUIREMENTS:

- Properly filled-up Request Form
- Authority to use the Land, in case not the same owner
- Occupancy Permit (if necessary)
- Secretary Certificate, if owner is a corporation
- Notarized authorization letter or Special Power of Attorney from the owner, duly signed, and valid gov't ID of both owner and representative (preferably QCID).

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 Office of the City Assessor. Any fake or misleading information supplied/attached, or production of fake/falsified documents, shall be grounds for appropriate legal action against me and automatically denies the application.

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.

Prepared by: _____	Received by: _____	FORM 103
* _____ Applicant Date	_____ Receiving Officer Date	
*Valid contact no. _____	*Valid email address : _____	

DOCUMENT TRACKING

WORKSTATION	Received Time	Record Out	REMARKS
RECEIVING			
STN 1 - EDP OSS TMD PAD CLERK			
STN 2			
STN 3 VERIFY REVIEW APPROVAL TRANSMIT			
STN 4			
STN 5			
STN 6			

We want to serve you better and improve our client service standards. To fulfill this, let us know what you think and how well did we serve you by answering our Client Satisfaction Measurement survey form, or thru our contact details : CityAssessor@quezoncity.gov.ph or <https://www.facebook.com/quezoncityassessorsoffice>.