



TAX DECLARATION APPLICATION & ROUTING FORM
(CORRECTION/UPDATING)

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):	<input type="checkbox"/>	PICK-UP	<input type="checkbox"/>	REGISTERED MAIL	<input type="checkbox"/>
SUBJECT / TYPE OF PROPERTY:		Land		Building		Machinery	
Tax Declaration No. _____							
*NAME OF NEW/REGISTERED OWNER: [TCT/Building plan as reference]						*Registered owner's email address:	

List of Co-owners: _____

*New Owner/s' Complete Mailing Address: _____
 *Registered owner's contact number: _____

Administrator: _____
 Address: _____

***MEMORANDA/CORRECTIVE MEMO:**

FROM: _____	TO: _____
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DOCUMENTARY REQUIREMENTS ATTACHED (Documents required may depend on the information being requested for correction):
 Please check appropriate box:

<input type="checkbox"/>	RD Certified True Copy of Title (TCTs/CCTs), for correction of Owner/s' Name, Technical description, etc.
<input type="checkbox"/>	Letter-request of the owner specifying requested correction and purpose for which the document will be used
<input type="checkbox"/>	Properly filled out form
<input type="checkbox"/>	Notarized Special Power of Attorney from the owner (for other party requesting), 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 104
Applicant _____ Date _____	Receiving Officer _____ Date _____	
*Valid contact no. _____	*Valid email address : _____	

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

ACKNOWLEDGEMENT/CLAIM SLIP

Control No.: _____

FILED BY: _____

CONTACT NO. _____ TEL. NO. **8988-4242 LOC. 8031; 8291**

FOLLOW-UP BEFORE SCHEDULED RELEASE ON: _____ * New TD/NOA will be released upon presentation of this claim slip.

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>.