



TAX DECLARATION APPLICATION & ROUTING FORM
 (NEW DECLARATION FOR LAND/TITLED PROPERTY)

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
SUBJECT / TYPE OF PROPERTY:	<input type="checkbox"/> Land	<input type="checkbox"/> Building	<input type="checkbox"/> Machinery	
Tax Declaration No.				

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

*Owner/s' Complete Mailing Address: _____

*Registered owner's contact number: _____

Administrator: _____

Address: _____

** Tick Box for OCA Evaluator's use ONLY **

MANDATORY REQUIREMENTS ATTACHED (Please check appropriate box):

<input type="checkbox"/>	RD Certified True Copy of Title (TCTs/CCTs)
<input type="checkbox"/>	Certified copy of free patent, homestead or miscellaneous sales application (from DENR/DAR))
<input type="checkbox"/>	LRA approved Survey/Subdivision Plan
<input type="checkbox"/>	Certified copy of Court Decision and Finality or Entry of Judgment, if necessary
<input type="checkbox"/>	Certified copy of Court Decision and Finality Cancelling Existing Titles and TDs, in cases of overlapping
<input type="checkbox"/>	Picture of property (3"x5" colored, photo paper) - frontage/facade showing full view of structure
<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).

A PENALTY OF P2,000.00 PER TITLE SHALL BE IMPOSED FOR LATE DECLARATION OF PROPERTY FILED SIXTY (60) DAYS AFTER THE ISSUANCE OF TCT/CCT FROM THE REGISTRY OF DEEDS (ORDINANCE NO. SP 2361, S-2014). To show proof of release, submit Acknowledgement Slip reflecting EPEB No. or Certification of Release from RD.

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/Filed by:	Received by:	FORM 105
* Applicant _____ Date _____	Receiving Officer _____ Date _____	
*Valid contact no. _____		
*Valid email address : _____		

DOCUMENT TRACKING			
WORKSTATION	Received Time	Record Out	REMARKS
RECEIVING			
STN 1 - OSS	EDP 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 customer satisfaction survey form, or thru our contact details : CityAssessor@quezoncity.gov.ph or <https://www.facebook.com/quezoncityassessorsoffice>.