



APPLICATION FOR CERTIFIED TRUE COPY OF ASSESSMENT RECORDS AND CERTIFICATIONS

Control No. _____ Date: _____
 Requesting Party: _____ Relationship to Owner: _____
 Property Owner (Indicate name of Spouse if Married) _____
 For EDP Certification: Marital Status: () Single () Married
 Owner's Address: _____
 PURPOSE: () BIR () RD () CTO-Transfer Tax/Tax Clearance Year of Death: _____
 (Please check) () Bank Loan () Others - Please specify: _____
 (For Extra-Judicial Settlement of Estate)

Transaction (Please Check appropriate box)	Property Reference (Tax Declaration No./PIN/TCT No.)	PIN/BARANGAY	No. of Copies
ARMD (Counter A-Basement) <input type="checkbox"/> Certified True Copy of Tax Declaration	_____	_____	_____
EDP Certification (Counter 4) <input type="checkbox"/> Property Holding <input type="checkbox"/> No Improvement <input type="checkbox"/> With Improvement <input type="checkbox"/> No Property	_____	_____	_____
Property Verification (Counter 5) <input type="checkbox"/> Verification only <input type="checkbox"/> Computer printout	_____	_____	_____
TMD Certification (Counter 3) <input type="checkbox"/> Tax Map <input type="checkbox"/> Certification of Adjoining Lot Owners <input type="checkbox"/> Property identification/ tax map verification (Counter 2)	_____	_____	_____

I DECLARE UNDER THE PENALTIES OF PERJURY that all information contained in this application is true and correct based on my personal knowledge and all its attachments are authentic records submitted to the Office City Assessor. 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 agree 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 and email, and attach a Notarized SPA/authorization letter)

Requesting Party/Signature over Printed Name _____ RECEIVED BY: _____ ACTION TAKEN Certification Fee
 ID No. : _____ Date : _____ Approved OR No.: _____
 Cellphone No.: _____ Requirements: Disapproved Additional Fees
 Email Address: _____ 1. Government-issued ID of Property Owner and Authorized Representative Amount ₱ _____
 2. Special Power of Attorney/Authorization from Property Owner
 3. For Company - General Information Sheet/Secretary's Certificate

Note: Supplementary documents other than those stated above may be required if deemed essential after evaluation.



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