



**BARANGAY 599 ZONE 59
STA. MESA, MANILA**

DOCUMENT REQUEST

Date Requested: _____

Requestor: _____
First Name Middle Name Last Name

Address: _____

Date of Birth: _____ **Civil Status:** ☐ Single ☐ Married
☐ Widowed ☐ Divorced

DOCUMENT REQUEST:

Barangay Clearance: Php 20.00 PURPOSE

___ Regular Clearance _____

___ For LOAD purpose 50.00

___ Certificate of Indigency NONE

___ Certificate to File Action 100.00

___ Barangay ID 10.00

___ Medical Assistance / Senior Citizen NONE

___ Referral Recommendation 20.00

___ Filling Fee 50.00

___ Business Clearance:

For Capital 10,000 – below 300.00

For Capital 10,000 – 100,000 500.00

For capital 100,000 – above 1,000.00

Business Name: _____

Signature over printed name

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CLAIM STUB

REQUESTING PARTY: _____

AMOUNT RECEIVED: _____ BY: _____

TO BE BACK ON: _____ TIME: _____

NOTE:

REQUEST DOCUMENTS ARE RELEASED WITHIN 1-3 DAYS, DEPENDING ON THE TYPE OR REQUEST
AND AVAILABILITY OF THE SIGNATORIES.

THANK YOU FOR YOUR UNDERSTANDING