



ARP No.	PIN:	
Owner:	Address:	
TIN:	Tel No.:	
Administrator/ Beneficial User:	Address:	
TIN:	Tel No.:	

LAND REFERENCE

No./Street:	Owner:	
Brgy/District:	OCT/TCT/CLOA No.	Lot No.
	Survey No.	Blk. No.:
Municipality:	TD/ARP No.	
Province/City:	Area:	

Kind of Bldg.:		Bldg. Age:
Structural Type:		No. of Storeys:
Bldg. Permit No.	Date Issued:	Area of 1 st flr.:
Condominium Certificate of Title (CCT)		Area of 2 nd flr.:
Certificate of Completion Issued On:		Area of 3 rd flr.:
Certificate of Occupancy Issued On:		Area of 4 th flr.:
Date Constructed/Completed:		
Date Occupied:		Total Floor Area:

Attach the building plan or sketch of floor plan. A photograph may also be attached if necessary

[illegible]

ADDITIONAL ITEMS: (Use additional sheet if necessary)

PROPERTY APPRAISAL

Unit Construction Cost: P		Cost of Additional Items:	
Building Core: (Use additional sheets if necessary)			
Sub-Total: P		Sub-Total Total Construction Cost: P	
Depreciation Rate:		Total % Depreciation:	
Depreciation Cost: P		Market Value: P	

PROPERTY ASSESSMENT

Actual Use	Market Value	Assessment Level	Assessed Value
	P		P
Total	P	Total	P

Taxable ☐ Exempt ☐ Effectivity of Assessment/Reassessment: Qtr _____ Yr. _____

APPRAISED/ASSESSED BY:**RECOMMENDING****APPROVAL:**

Name Date Name Date

APPROVED BY:_____
Provincial/City/Municipal Assessor_____
Date**MEMORANDA:**

Date of Entry in the Record of Assessment: _____ **By:** _____
Name

RECORD OF SUPERSEDED ASSESSMENT

PIN:	
ARP No.	TD No.
Total Assessed Value:	
Previous Owner:	
Effectivity of Assessment:	
Recording Person:	Date: