



**PROVINCIAL ASSESSOR'S OFFICE**  
**CORRECTIVE ACTION FORM**

Date: \_\_\_\_\_

No. \_\_\_\_\_

The Municipal Assessor

\_\_\_\_\_

\_\_\_\_\_  
(Name of Client)

The transaction for property covering TD No. \_\_\_\_\_ has been initially reviewed by the Office and found the following:

	Defect	Requirement
	Lack of Signature	
	Insufficient Documents	
	Incorrect Data/Entry	
	Others	

For your information and appropriate action.

\_\_\_\_\_  
**LAOO/Officer-in-Charge**

ACTION TAKEN:

CORRECTIVE ACTION	DOCUMENTS SUBMITTED

Date: \_\_\_\_\_

\_\_\_\_\_  
Name and Signature of Assessor/  
Authorized Representative/Client

Date Received/Officer-in-Charge: \_\_\_\_\_