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| --- | --- | --- | --- | --- | --- | --- |
| Routing Slip No. | | | | Date: | Time: | |
| **TYPES OF TRANSACTION** | | | | | | |
|  | Reclassification of Property | | | | | |
|  | Revision Based on Title (Old or New) | | | | | |
|  | Revision on Account of Correction of Error/Inadvertently Omitted/Tie-up | | | | | |
|  | Revision Based on Subdivision/Consolidation | | | | | |
|  | Transfer | | | | | |
|  | Reassessment | | | | | |
| **MANDATORY REQUIREMENTS** | | | | | | |
|  | Letter Request | | | | | |
|  | Official Receipt RPT | | | | | |
|  | Official Receipt for payment of Verification/Certification/Transfer Fee | | | | | |
|  | Copy of Previous Tax Declaration | | | | | |
|  | Tax Declaration duly recommended by the Mun. Assessor (3 copies) | | | | | |
|  | FAAS prepared and recommended by the Mun. Assessor (2 copies) | | | | | |
|  | Endorsement Letter from Municipal Assessor | | | | | |
|  | Special Power of Attorney/Letter of Authority if Client is not the Owner (if applicable) | | | | | |
|  | Notice of Assessment (2 copies) | | | | | |
| **ADDITIONAL REQUIREMENTS** | | | | | | |
| **Reclassification of Property** | | | | | | |
|  | Ocular Inspection Fee Receipt ( if ocular inspection was conducted ) | | | | | |
| **Revision Based on Title (Old or New)** | | | | | | |
|  | Original Copy of Title Authenticated by the Municipal Assessor (2 Copies) | | | | | |
|  | Affidavit of Conformity of the Declared Owner in the Tax Declaration | | | | | |
| **Revision Based on Subdivision/Consolidation** | | | | | | |
|  | Copy of Approved Plan (blueprint) or Sketch Plan as per Tax Declaration (2 copies) | | | | | |
| **Transfer** | | | | | | |
|  | Deed of Conveyance - 2 Photocopy (every page duly authenticated by the Mun. Assessor ) | | | | | |
|  | Title - 2 Photocopy (if Titled Property, every page duly authenticated by the Mun. Assessor) | | | | | |
|  | Certificate Authorizing Registration from the BIR (certified by Mun. Assessor) | | | | | |
|  | Copy of Approved Plan/Sketch Plan (if subdivided/consolidated) certified by Mun. Assessor | | | | | |
| **OTHER REQUIREMENTS** | | | | | | |
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| **Process** | | **Action Taken/Remarks** | | **Person/s In Charge** | **Date** | **Time** |
| Receiving/ Assessment | |  | |  |  |  |
| Verification | |  | |  |  |  |
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| Review | |  | |  |  |  |
| Approval | |  | |  |  |  |
| Release | |  | |  |  |  |