Republic of the Philippines
CITY OF CAGAYAN DE ORO
City Assessment Department

LAND APPRAISAL DIVISION

_____
Date

The City Assessor
Cagayan de Oro City

Sir:

I have the honor to request that you please do or cause to be done the following:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Very truly yours,

_____
Lot Owner
(Complete Name, Address & Signature)

Subscribed and sworn to this _____ day of _____ 200_____ .

Tel. Nos. (88) 857-2256; (8822) 72-3840