



Republic of the Philippines
Province of Negros Occidental
CITY OF KABANKALAN
OFFICE OF THE CITY ZONING ADMINISTRATOR
Tel. No. (034) 471-2916 locals: 161/162/163/Telefax (034) 471-2291

Date

SZC-_____

EnP. SUSANA M. CASALEM

*City Planning and Development Coordinator
City Zoning Administrator
City of Kabankalan
Negros Occidental*

Dear Ma'am Casalem;

This is to request your good office for the issuance of a certification as to the Site Zoning Classification (SZC) of the parcel of land described below:

CERTIFICATE OF TITLE NO. : _____
LOT NO. : _____
LOCATION : _____
OWNER : _____
TAX DECLARATION : _____

The following documents are hereto attached for your reference:

*Five (5) copies of lot plan with vicinity map
A certified true copy of certificate of title or Authenticate title from ROD
A copy of the latest tax declaration
Real Property Tax Receipt*

I am requesting for the certification in my capacity as _____
of the said property for the purpose of _____.

Very truly yours,

Name & Signature

Address