REPUBLIC OF THE PHILIPPINES
PROVINCE OF ILOCOS NRTE
CITY OF BATAC

OFFICE OF THE CITY ASSESSOR

CLIENT REQUEST FORM

APPRAISAL AND ASSESSMENT / OCULAR INSPECTION **No. _____**

CLIENT INFORMATION
NAME:
ADDRESS:
CONTACT INFORMATION:

CLIENT REQUEST INFORMATION

☐ **APPRAISAL AND ASSESSMENT** ☐ **OCULAR INSPECTION**
BP/OP NO. _____ **OR NO. _____**

PROPERTY DETAILS

OWNER:
LOCATION:
KIND: Land / Building / Machinery
TYPE OF PROPERTY: Residential / Agricultural / Commercial / Others:
CURRENT CONDITION: New / Existing / Under Renovation / Damaged / Others:
PURPOSE:

_____ _____ Signature over Printed Name Date	_____ _____ Received / Assisted by Date

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