

LOCAL GOVERNMENT UNIT SUYO, ILOCOS SUR

CITIZEN'S CHARTER

2022 (1st Edition)





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I. Mandate:

The Local Government Code of 1991 gives the local government powers to ensure the preservation and enhancement of culture, promotion of health and safety, right of people to a balanced ecology, development of technological capabilities, improvement of public morals, economic prosperity and social justice, full employment of residents, peace and order, and the convenience of inhabitants.

II. Vision:

We envision SUYO to be a model upland community with God-loving and empowered people, living in a productive, progressive and well-balanced environment, inspired by leaders of competence and fair play.

III. Mission:

To attain our vision, we commit ourselves in:

- 1. Preservation and enrichment of culture;
- 2. Promotion of health and public safety;
- 3. Enhancement of the right of the people to balance ecology;
- 4. Encouragement and support for the development of appropriate scientific and technological capabilities;
- 5. Improvement of public morals;
- 6. Maintenance of peace and order;
- 7. Promotion of full employment;
- 8. Enhancement of economic prosperity and social justice, and;
- 9. Preservation of comfort and convenience of the inhabitants.

IV. Service Pledge:

As we pursue our vision and strives to attain our nation, Suyo shall continually provide adequate, quality and timely services to all clients.



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|---|-------|
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OFFICE OF THE MUNICIPAL MAYOR

External Services



Application of Business Closure

The businesses that retire from operation must apply for business closure and settle the applicable fees and charges.

| Office or Division | on: | Office of the Mayor | | | | | |
|--------------------------------|---|---------------------|--------------------------|---|---|--|--|
| Classification: | | Simple | | | | | |
| Type of Transac | ype of Transaction: G2B | | | | | | |
| Who may avail: Business Owners | | | | | | | |
| CHECKLIST | CHECKLIST OF REQUIREMENTS WHERE TO SECURE | | | | | | |
| 1. Barangay Cer | tification | n (Ceased | Bara | ngay Hall | | | |
| Operation) | | | | | | | |
| | Copy of Latest Business Permit Business Owner | | | | | | |
| 3. Official Receip | ot (1 ori | ginal) | | icipal Treasury Off | fice | | |
| CLIENT STEPS | AGENCY ACTIONS | | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBL E | | |
| 1. Submit | | aluate and | | | Administrative | | |
| complete | | s the submitted | None | 1 minute | Aide | | |
| requirements | | ements | | | Mayor's Office | | |
| | 1.2 Encodes | | None | 3 minutes | Administrative Aide | | |
| | document | | NOHE | 3 1111111111111111111111111111111111111 | Mayor's Office | | |
| | 1.3 Forward the encoded Certification to the Municipal Administrator for review | | None | 30 seconds | Administrative Aide Mayor's Office | | |
| | 1.4 Review encoded Certification and affix initial | | None | 2 minutes | <i>Municipal Administrator</i> Administrator's Office | | |
| | 1.5 Forward encoded certification for signature of the Mayor | | None | 30 seconds | Administrative Aide Mayor's Office | | |
| | 1.6 Sign the certification | | None | 2 minutes | Municipal Mayor Mayor's Office | | |
| 2. Receives the | | Release Certificate | | 4 | Administrative | | |
| Certificate | of Clo | sure | None | 1 minute | Aide Mayor's Office | | |
| | | TOTAL | None | 10 M | Mayor's Office inutes | | |
| | | IOIAL | INOILE | I I IVI | เเนเธอ | | |



Certification for No Objection of Cutting Trees

The Office of the Municipal Environment and Natural Resources issues Certification for No Objection of Cutting Trees to the owner in the respected land areas in compliance to Republic Act No 7586 in order to travel the cut trees to other places.

| Office or Division | | | Municipal Environment and Natural Resources Office | | | | |
|--------------------------|-----------|-------------|--|-------|----------------------|--|--|
| Classification: | | Simple | | | | | |
| Type of Transaction: G2C | | | | | | | |
| Who may avail: | | All Resid | | | | | |
| CHECKLIST | | | | | TO SECURE | | |
| Land Title/Tax D | | | | Clien | t | | |
| Donation/ Deed | | | | _ | | | |
| Barangay Certific | cation (1 | original, 1 | | Bara | ngay Hall | | |
| photocopy) | | | | 051 | DO D'' I T | P. | |
| Chainsaw Regis | tration | | | | RO Bitalag, Ta | | |
| Official Receipt | 405 | TNOV | | | cipal Treasure | | |
| CLIENT | | ENCY | FEES BE P | | PROCESSI | PERSON | |
| STEPS 1. Submit the | 1.1 Rec | TION | None | AID | NG TIME 2 minutes | RESPONSIBLE | |
| complete | and eva | | None | | 2 minutes | Environmental | |
| requirements | requirer | | | | | Management Specialist II / MENRO Designate | |
| roquiromonio | | pare the | None | | 3 minutes | Municipal Planning & | |
| | Certifica | | | | | Development Office | |
| 2. Pay the | 2.1 Issu | | | | 3 minutes | Revenue Collection | |
| required | Official | | |) | | Clerk I & III, | |
| fees at | | - | | | | Administrative Aide | |
| Municipal | 2.2 Dos | | None | | 2 minutes | Treasury Office Environmental | |
| Treasurer's | 2.2 Red | | None | | 2 minutes | Management Specialist | |
| Office | the Log | | | | | II / MENRO Designate | |
| and present the | line Log | DOOK | | | | Municipal Planning & | |
| Official Receipt at the | | | | | | Development Office | |
| Environmental | | roval of | None | | 3 minutes | | |
| Management | the Cer | tification | | | | | |
| Specialist II | | | | | | Municipal Mayor | |
| /MENRO | | | | | | Mayor's Office | |
| Designate | | | | | | Wayor o Omoo | |
| | | | | | | | |
| | | | | | | | |
| 3. Claim the | Release | | None | | 1 minute | Environmental | |
| approved | approve | | | | | Management Specialist | |
| Certification | Certifica | ation | | | | II / MENRO Designate Municipal Planning & | |
| | | | | | | Development Office | |
| | | TOTAL | PHP | | | | |
| | | TOTAL | 115.00 |) | | 14 minutes | |



Issuance of Certification on Chainsaw Registration

The Office of the Municipal Environment and Natural Resources issues Certification on Chainsaw Registration in compliance to Republic Act No. 9175 for the chainsaw owners who operate in this municipality in order to identify number of chainsaw in the entire municipality.

| Office or Divis | sion: | Municipal Environment and Natural Resources Office | | | | | |
|--|--|--|-----------------------------------|------------|---------------------|--|--|
| Classification | | Simple | | | | | |
| | Type of Transaction: G2B, G2C | | | | | | |
| | Who may avail: All Residents | | | | | | |
| CHECKLIST OF WHERE TO SECURE REQUIREMENTS | | | | | | SECURE | |
| Barangay Cert | |) | | Barangay F | Hall | | |
| Chainsaw Registration CENRO Bitalag, Tagudin | | | | | | າ | |
| Official Receip | | | | | reasurer's Of | | |
| CLIENT | AGEN | CY | | FEES TO | PROCESS | PERSON | |
| STEPS | ACTIO | ON | | BE PAID | ING TIME | RESPONSIBLE | |
| 1. Submit Barangay Certification and Proof of Ownership for the chainsaw | 1.1 Receive review the submitted requirement. 1.2 Preparthe Mayor Permit for Chainsaw Registration | nts res 's | | one | 2 Minutes 3 Minutes | Environmental Management Specialist II / MENRO Designate Municipal Planning & Development Office | |
| 2. Pay the required fees at Municipal Treasurer's | | | PI | HP 100.00 | 3 Minutes | Revenue Collection Clerk I & III, Administrative Aide Treasury Office | |
| Office and present the Official Receipt at | 2.2 Record the information in the Log-book 2.3 Approval of the Certification | | 2.2 Record the information in the | one | e 2 Minutes | Environmental Management Specialist II / MENRO Designate Municipal Planning & Development Office | |
| the Environment al Management Specialist II / MENRO Designate | | | N | one | 3 Minutes | <i>Municipal Mayor</i> Mayor's Office | |
| 3. Claim the | 3. Release the | | N | one | 1 Minute | Environmental | |
| approved certification | approved Mayor's Permit | | | | | Management Specialist II / MENRO Designate Municipal Planning & Development Office | |
| | Т | OTAL | Р | HP 100.00 | | 14 Minutes | |



Issuance of Copy of Tourist Arrivals

There are logbooks of the different resorts and tourist spots in the municipality to monitor people visiting Suyo. Log books of Tourist Arrivals are collected from various tourist attractions. It is filed in Suyo Tourism Office and submitted to the Department of Tourism.

| Office: | | Tourism Off | fice | | | | |
|---|--|-------------|-----------------------|--------------------|-------------------------------|--|--|
| Classification: | Simple | | | | | | |
| Type of Transaction | ction: G2C | | | | | | |
| Who may avail: | All | | | | | | |
| CHECKLIST OF R | EQUIF | REMENTS | WHERE TO SECURE | | | | |
| Letter Request to Arrivals Copy | . Letter Request to Mayor for Tourist | | | | | | |
| CLIENT STEPS | | ACTION | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE | | |
| Submits a request for a copy of Tourist Arrivals | Rece Requ reque | | None | 1 minute | | | |
| 2. Sign in the Logbook, state the purpose on securing Copy of | 2.1 Assists client in signing in the logbook | | None | 1 minute | Tourism Operations Officer | | |
| Tourist Arrivals | 2.2 Interviews Client | | None | 2 minutes | / Mayor's Office | | |
| | 2.3. Prints Copy of Tourist Arrivals | | None | 1 minute | | | |
| 3. Receives copy of Tourist Arrivals | Releases Copy of Tourist Arrivals | | None | 1 minute | | | |
| | | TOTAL: | None | 6 M | inutes | | |



Issuance of Copy of Tourist Attractions

The Tourism Division of this Agency provides information to individuals or organizations asking for data such as Tourist attractions, tourist arrivals, accommodation establishments, local products of this municipality.

| Office: | | Tourism Office | | | | | |
|---|--|----------------|-----------------------|--------------------|-------------------------------|--|--|
| Classification: | | Simple | | | | | |
| Type of Transaction | on: | G2C | | | | | |
| Who may avail: All | | | | | | | |
| CHECKLIST OF | REQU | IREMENTS | WHERE TO SECURE | | | | |
| Request letter to the Mayor for Copy of Tourist Attractions | | | Client | | | | |
| CLIENT STEPS | AGE | NCY ACTION | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE | | |
| 1. Submit request letter to Municipal Mayor/ Tourism Office | Rece letter | ives request | None | 1 minute | | | |
| 2. Sign in the Logbook, state the purpose on | 2.1 Assists client in signing in the logbook | | None | 1 Minute | Tourism Operations Officer | | |
| securing Copy of Tourist Attractions | 2.2 Interviews the client | | None | 3 Minutes | Mayor's Office | | |
| 3. Receives copy of Tourist Attractions | Provides the copy of Tourist attractions | | None | 3 minutes | | | |
| | | TOTAL: | None | 8 m | inutes | | |

Note: Duration is accounted on average individual transaction time and does not include queuing time, volume of requests.



Issuance of Endorsement for Burial Assistance

Endorsement is issued to all residents of the municipality seeking for financial/burial assistance.

| Office or Divisi | ion: | Office of the M | ayor | | | | |
|------------------------|-----------|--------------------------|---------------|--------------------------|--|--|--|
| Classification: | | Simple | | | | | |
| Type of Transa | action: | G2C | ! tla a | -: | | | |
| Who may avail | : | burial assistan | | cipality seeki | ng for financial / | | |
| CHECKL | IST OF | REQUIREMENT | | WHERE TO SECURE | | | |
| | | y of Claimant (1 | | Barangay I | | | |
| 2. Death Certific | | | , | Municipal Civil Registry | | | |
| | | ficial Receipt (1 o | | Funeral Ho | | | |
| | Study Re | port if necessar | y (1 | | Social Welfare & | | |
| original) | | | | Developme | | | |
| 5. Valid ID of CI | laimant (| 1 photocopy) | | | Office, DFA, PSA, S or PagIBIG etc. | | |
| 61 I-N- | | | FEES | PROCES | | | |
| CLIENT STEPS | AGEN | ICY ACTIONS | TO BE PAID | SING TIME | PERSON RESPONSIBLE | | |
| 1. Submit | 1.1 Ev | aluate and | IAID | 111112 | | | |
| complete | | s the submitted | None | 4 Minutes | | | |
| requirements | require | ements | | | | | |
| | 1.2 En | | None | 5 Minutes | | | |
| | docum | | 110110 | O Milliatoo | Administrative Aide | | |
| | | rward the | | 30 Seconds | Mayor's Office | | |
| | encode | sement to the | None | | | | |
| | Munici | | | | | | |
| | | istrator for | | | | | |
| | review | • | | | | | |
| | | view encoded | | | Municipal | | |
| | | sement and | None | 2 Minutes | Administrator | | |
| | affix in | | | | Administrator's Office | | |
| | | rward encoded sement for | | 30 | Administrative Aide | | |
| | | ure of the | None | Seconds | Mayor's Office | | |
| | Mayor | | | 00001100 | y | | |
| | 1.6 Sig | ın the | None | 2 Minutes | Municipal Mayor | | |
| | endors | sement | None | | Mayor's Office | | |
| 2. Receives | Releas | _ | | | | | |
| endorsement | | sement for | NIa : | 4 NA:4- | Administrative Aide | | |
| from the Office of the | | al /burial | None | 1 Minute | Mayor's Office | | |
| Mayor. | assista | ance. | | | - | | |
| iviayor. | | TOTAL | None | | 15 Minutes | | |
| [| | IOIAL | 110110 | | | | |



Issuance of Endorsement for Financial/ Medical Assistance

Endorsement is issued to all residents of the municipality seeking for financial/medical assistance.

| | Office or Division: Office of the Mayor | | | | | | | |
|-------------------------------------|---|--|-----------------------|------------------------------|--|--|--|--|
| Classification: | 4. | Simple | | | | | | |
| Type of Transac Who may avail: | ition: | G2C All residents of the assistance | municip | ality seeking fin | ancial/ medical | | | |
| CHECKI | LIST OF | REQUIREMENTS | | WHERE 1 | O SECURE | | | |
| 1. Certificate of In | ndigenc | y of Claimant (1 origi | nal) | Barangay Hal | l | | | |
| | | y of Patient (1 origina | | Barangay Hal | 1 | | | |
| | | ical Certificate (1 orig | | Hospital | | | | |
| 4. Hospital Bill (1 other Expenses. | origina | l) and Official receipt | s of | Hospital/Phar | • | | | |
| 5. Social Case S | tudy Re | port (1 original) | | Municipal Soc Development | | | | |
| 6. Government Is Claimant (1 phot | | lentification Card of | | SSS, GSIS or | ce, DFA, PSA, Pag-IBIG etc. | | | |
| CLIENT STEPS | AG | ENCY ACTIONS | FEES TO BI PAID | E SING | PERSON RESPONSIB LE | | | |
| Submit complete requirements | the su | valuate and assess ubmitted rements | None | | Administrative | | | |
| | 1.2 Er | ncodes document | None | 5 Minutes | Aide | | | |
| | endor | orward the encoded sement to the cipal Administrator view. | None | 30 Seconds | Mayor's Office | | | |
| | | eview encoded sement and affix | None | 2 Minutes | Municipal Administrator Administrator's Office | | | |
| | endor | orward encoded rsement for ture of the Mayor | None | 30 Seconds | Administrative Aide Mayor's Office | | | |
| | | gn the sement | None | 2 Minutes | <i>Municipal Mayor</i> Mayor's Office | | | |
| 2. Receive endorsement | | se endorsement for cial /Medical cance. | None | 1 Minute | Administrative Aide Mayor's Office | | | |
| | | TOTAL | None | 13 | minutes | | | |



Issuance of Job Recommendations

Job recommendations are issued to all job seekers in the Municipality.

| Office or Division | า: | Office of | the Mavo | or | | | | |
|--|--|---------------|--------------------------|--------------------------|---|--|--|--|
| Classification: | | Simple | | • | | | | |
| Type of Transact | ion: | G2C | | | | | | |
| Who may avail: | | All job se | ekers in | kers in the municipality | | | | |
| CHECKLIST OF | REQUIF | | | WHERE TO SECURE | | | | |
| 1. Barangay Clear | rance | | Baran | gay Hall | | | | |
| 2. Application Lett | er (1 orig | ginal) | Applic | | | | | |
| 3. Personal Data | Sheet(1 | original) | Applic | ants | | | | |
| 4. Transcript of Re | ecord (1 | photocopy) | Applic | ants | | | | |
| CLIENT STEPS | AC' | ENCY TIONS | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE | | | |
| 1. Submit complete requirements to the Office of the | 1.1. Eva and ass submitt require | sess ed | None | 2 minutes | Administrative Aide Mayor's Office | | | |
| Mayor. | 1.2. En | ent | None | 5 minutes | Administrative Aide Mayor's Office | | | |
| | 1.3. Forward the encoded document to the Municipal Administrator for review. | | None | 30 seconds | Administrative Aide Mayor's Office | | | |
| | 1.4. Re recomn letter an initial | nendation | None | 1 minute | Municipal Administrator Administrator's Office | | | |
| | 1.5. Forward recommendation letter for signature of the Mayor | | None | 30 seconds | Administrative Aide Mayor's Office | | | |
| | 1.6 Sign recommendation letter | | None | 3 minutes | <i>Municipal Mayor</i> Mayor's Office | | | |
| 2. Receives job recommendation | Release Job recommendation letter | | None | 1 minute | Administrative Aide Mayor's Office | | | |
| | | TOTAL | None | 13 | Minutes | | | |



Issuance of Mayor's Clearance

Mayor's clearance is issued to bonafide residents of the municipality stating that the person availing the clearance has no pending case filed against him/her.

| Office or Division | n: | Office of t | he N | Mayor | | |
|----------------------------------|---|-----------------|---------------|---------------------|---------------------|--|
| Classification: | | Simple | | | | |
| Type of Transac | ction: | G2C | | | | |
| Who may avail: | | municipal | ity | dividua | | afide residents of the |
| CHECKLIST (| OF REQU | IREMENTS | <u> </u> | | WHERE T | O SECURE |
| Barangay Clea Receipt | th Official | | Barangay Hall | | | |
| 2. Police Clearar | | | al) | | Police Station | |
| 3. Community Ta original) | x Certific | ate (1 | | Munic | ipal Treasury (| Office |
| 4. Official Receip | t (1 origir | nal) | | | ipal Treasury (| Office |
| CLIENT STEPS | | ENCY TIONS | Т | EES O BE PAID | PROCESSI NG TIME | PERSON RESPONSIBLE |
| Submit complete requirements | 1.1 Evaluate and assess the submitted requirements | | | None | 1 minute | Administrative Aide Mayor's Office |
| | 1.2 Enc | | 1 | None | 3 minutes | Administrative Aide Mayor's Office |
| | encoded clearand Municipa | e to the | 1 | None | 30 seconds | Administrative Aide Mayor's Office |
| | 1.4 Rev encoded clearand affix initi | d ce and | 1 | None | 2 minutes | Municipal Administrator Administrator's Office |
| | 1.5 Forward encoded clearance for signature of the Mayor. | | 1 | None | 30 seconds | Administrative Aide Mayor's Office |
| | 1.6 Sign the endorsement | | | None | 2 minutes | Municipal Mayor Mayor's Office |
| 2. Receive the Mayor's Clearance | Release Mayor's Clearance. | | | None | 1 minute | Administrative Aide Mayor's Office |
| | ı | TOTAL | N | lone | 10 | Minutes |



Issuance of Mayor's Permit (Tricycle)

Permit for Motored Tricycle is issued authorizing tricycles to operate within the municipality as a public transport vehicle.

| Office or Division | ivision: Office of the Mayor | | | | | |
|--|--|--|-----------------|----------|---------------------|---|
| Classification: | | Simple | | | | |
| Type of Transact | ion: | G2C | | | | |
| Who may avail: | | All Motord Municipal | • | Own | ers doing Busines | s in the |
| CHECKLIST O | F REQL | | | | WHERE TO | SECURE |
| Official Receipt | | | | Mι | ınicipal Treasury (| |
| CLIENT STEPS | _ | SENCY STIONS | FEI TO PA | ES BE | PROCESSING TIME | PERSON RESPONSIBLE |
| Submit complete requirement to the Office of the | and as | valuate ssess the tted ements | No | ne | 2 minutes | Administrative Aide Mayor's Office |
| Mayor | | 1.2. Encodes document | | ne | 3 minutes | Administrative Aide Mayor's Office |
| | the en permit Munic | istrator | No | ne | 30 seconds | Administrative Aide Mayor's Office |
| | | eview ed Permit fix initial. | No | ne | 2 minutes | <i>Municipal</i> Administrator Administrator's Office |
| | 1.5. Forward encoded permit for signature of the Mayor | | No | ne | 30 seconds | Administrative Aide Mayor's Office |
| | 1.6 Sign the document | | None | | 2 minutes | <i>Municipal Mayor</i> Mayor's Office |
| 2. Receives Tricycle Mayor's Permit | Release Tricycle Mayor's Permit. | | Nor | ne | 1 minute | Administrative Aide Mayor's Office |
| | | TOTAL | Nor | ne | 11 N | linutes |



Issuance of Permit for Food Handling Activity

Any individual who operates and maintains a Food Handling activity within this Municipality shall be required to pay for a business tax, mayor's permit and other regulatory fees pursuant to the revenue code of the municipality. Mode of payment is on annual, semi-annual, or quarterly basis and payment shall only be made at the Office of the Municipal Treasurer.

| Office or Division: Office of the Mayor | | | | | | | |
|---|--|--|---------------|----------------|------------------------|---|--|
| Classification: | | Simple | <u>,</u> | | | | |
| Type of Transact | ion: | G2C | | | | | |
| Who may avail: Food Handlers | | | | | | | |
| CHECKLIST OF REQUIREMENTS WHERE TO SECURE | | | | | | | |
| Barangay Busii Copy) | | | | Bar | angay Hall | | |
| Sanitary Permi | t (1 Ori | ginal) | | RH | J | | |
| 3. Health Certifica | _ | <u> </u> | | RH | J | | |
| 4. Official Receipt | | | | Mui | nicipal Treasu | ry Office | |
| CLIENT STEPS | | AGENCY ACTIONS | FEES BE PA | | PROCES SING TIME | PERSON RESPONSIB LE | |
| Submit complete requirements | asses subm | | Non | е | 2 minutes | Administrative Aide Mayor's Office | |
| | 1.2 E | ncodes ment | None | | 3 minutes | Administrative Aide Mayor's Office | |
| | encod the M | orward the ded permit to unicipal nistrator for w. | None | | 30 seconds | Administrative Aide Mayor's Office | |
| | | eview encoded it and affix | Non | None 2 minutes | | Municipal Administrator Administrator's Office | |
| | enco | orward ded permit for ture of the r | Non | e | 30 seconds | Administrative Aide Mayor's Office | |
| | docur | | None | Э | 2 minutes | <i>Municipal</i> <i>Mayor</i> Mayor's Office | |
| | 1.7 Forward the signed Business Permit to the Office of the BPLO for release | | | Э | 2 minutes | Administrative Aide Mayor's Office | |
| | • | TOTAL | None | е | 12 N | /linutes | |



Issuance of Special Permit

For business related rallies, motorcades, promotions, advertisement, and short period sales.

| Office or Division | ce or Division: Office of the Mayor | | | | | | |
|--------------------------------|-------------------------------------|---|--------------------------|--------------------|---|--|--|
| Classification: | | Simple | | | | | |
| Type of Transact | ion: | G2B, G2C | | | | | |
| Who may avail: Business Owners | | | | | | | |
| CHECKLIST O | | | | WHERE TO | SECURE | | |
| 1. Request Letter | | | | iness Owner | | | |
| 2. Business Regis | | | | iness Owner | | | |
| 3. Valid ID of the c | | | | iness Owner | | | |
| 4. Official Receipt | (1 orig | jinal) | | nicipal Treasury O | ffice | | |
| CLIENT STEPS | | AGENCY ACTIONS | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBL E | | |
| Submit complete requirements | asse subm | valuate and ss the nitted rements | None | 2 minutes | Administrative Aide Mayor's Office | | |
| | | ncodes ment | None | 3 minutes | Administrative Aide Mayor's Office | | |
| | enco the N | Forward the ded permit to funicipal inistrator for w. | None | 30 seconds | Administrative Aide Mayor's Office | | |
| | enco | 1.4 Review encoded permit and affix initial. | | 2 minutes | Municipal Administrator Administrator's Office | | |
| | enco | forward ded permit for ature of the or. | None | 30 seconds | Administrative Aide Mayor's Office | | |
| | 1.6 S docu | ign the ment | None | 2 minutes | Municipal Mayor Mayor's Office | | |
| 2. Receives Special Permit | Relea Perm | ase Special nit. | None | Administrativ | | | |
| | ı | TOTAL | None | 11 M | linutes | | |



Research/Interview Request

Tourism Office caters research and interview to different individuals especially to students taking up tourism management courses to collect depth ideas regarding operations and best practices of the municipality.

| Office: | | Tourism Office | ļ | | | | |
|---|--|----------------|-----------------------|--|--|--|--|
| Classification: | | Simple | | | | | |
| Type of Transaction | n: | G2C | | | | | |
| Who may avail: | | All | | | | | |
| CHECKLIST OF | REQU | IREMENTS | | WHERE TO | SECURE | | |
| Filled up requisition | form | | Client | | | | |
| Client Steps | Agency Action | | Fees to be paid | Processing Time | Person Responsible | | |
| 1. Secure a formal letter addressed to the Municipal Mayor, Provide 1 copy to the Mayor's Office and 1 copy to the Tourism Office | Receive/Print letter request. If letter was directed to the Tourism Office, endorsed copy to Mayor's Office | | None | 3 Minutes | Tourism Operations Officer I Mayor's Office | | |
| 2. Conduct Data Gathering/ Interviews proper | Attend to researchers' inquiries immediately. | | None | 1 hour* *Depends on the volume of request | Tourism Operations Officer I Mayor's Office | | |
| 3. Provides copy of final output to the Tourism Office if necessary. | Should the researchers need other information not available at the Tourism Office, endorsed them to other offices such as the MPDC (Land Use Plan, etc.), Environment Office (environmental activities, ecotourism matters, etc), or Sangguniang Bayan Office (Ordinances, | | None | 10 Minutes | Tourism Operations Officer I Mayor's Office | | |
| | . 55670 | utions, TOTAL | None | 1 hours | , 13 minutes | | |



Securing Affidavit

Affidavit is issued to all residents of the municipality who are applying for late registration/negative birth certificate/non-registration/discrepancy to the Office of the Civil Registrar.

| Office or Division | : | Office of the Mayor | | | | | |
|---|--|---------------------------------------|---|-----------------------|---------------------|--|--|
| Classification: | | Simple | е | | | | |
| Type of Transacti | on: | G2C | | | | | |
| Who may avail: | | All Cit | izen | | | | |
| CHECKLIST OF | | | | 1 | WHERE TO SE | CURE | |
| REQUIREM | | | | | | | |
| 1. CTC of Affiant/s | | | | | asury Office | | |
| 2. Supporting Doc | ument | | Verified By the Office of the Civil Registrar | | | | |
| 3. Official Receipt | | | Municipal Treasury Office | | | | |
| CLIENT STEPS | | SENCY | | FEES TO BE PAID | PROCESSI NG TIME | PERSON RESPONSIBLE | |
| Submit complete requirements to the Office of the | and as | valuate ssess th tted ements | Ð | None | 2 Minutes | Administrative Aide Mayor's Office | |
| Mayor | 1.2. Encodes document | | | None | 4 Minutes | Administrative Aide Mayor's Office | |
| 2. Receives the Affidavit and have this signed by all signatories (witnesses) | 2. Release the Affidavit for affiant and witnesses signature | | e | None | 30 Seconds | Administrative Aide Mayor's Office | |
| 3. Return the affidavit to the office of the | 3.1. Re evalua Affidav | | nd | None | 2 Minutes | Administrative Aide Mayor's Office | |
| Mayor | 3.1. Forward encoded permit for signature of the Mayor | | | None | 30 Seconds | Administrative Aide Mayor's Office | |
| | 4. Sign the document | | | None | 2 Minutes | <i>Municipal Mayor</i> Mayor's Office | |
| 4. Receives signed and notarized Affidavit | 5. Release Duly Signed affidavit. | | , | None | 30 Seconds | Administrative Aide Mayor's Office | |
| | | TOT | ΓAL | None | 11 Minutes | and 30 Seconds | |



Suyo Tourism Page

The Tourism Office provides information to individuals or organizations asking for data such as tourist arrivals, tourist attractions, tour itinerary, room rates and good service establishments of this municipality. It is also used for promotion of Suyo products and events.

| Office: | | Tourism Office | | | | | |
|---------------------------------|-------|--|-----------------------|--------------------|-------------------------------|--|--|
| Classification: | | Simple | | | | | |
| Type of Transacti | on: | G2C | | | | | |
| Who may avail: | | All | | | | | |
| CHECKLIST OF | REQ | UIREMENTS | | WHERE TO S | ECURE | | |
| Tourism Related In | quiry | | Suyo To | ourism Page | | | |
| CLIENT STEPS | AGE | ENCY ACTION | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE | | |
| 1. Inquiries on Suyo Tourism | mes | Reads the messages/ inquiries | | 2 Minutes | Tourism Operations Officer | | |
| 2. Receives response to queries | resp | swers and None 3 Minutes / Mayor's Officited inquiries | | | | | |
| | | TOTAL: | None | 5 Mi | inutes | | |



Tour Coordination

To enjoy Suyo to its fullest. We offer tour guiding for our local and foreign tourist.

| Office: | | Tourism Office | е | | | | | | |
|--|--|--|-------------------|--------------------------------------|----------|---|--|--|--|
| Classification: | | Simple | | | | | | | |
| Type of Transaction | า: | G2C | | | | | | | |
| Who may avail: | | All | | | | | | | |
| CHECKLIST OF | REC | UIREMENTS | S WHERE TO SECURE | | | | | | |
| 1. Coordination with | Suy | o Tourism Offic | е | Tourism Of | | | | | |
| CLIENT STEPS | | AGENCY ACTION | F | EES TO BE PAID | S | OCES ING IME | PERSON RESPONSIB LE | | |
| 1. Email/ Contact the Tourism Office 2. Check the itinerary sent by the office. Make some comments/revision s if necessary 3. Wait for the final itinerary to be sent by the office | s to Pre neo itine sen req Sho hav edit Kee with req for sch Pro guid | ceives/attend the request pare the ressary erary and d it to the uesting party. re revisions, the itinerary. rep in touch n the uesting party their eduled trip. vide tour de if | | Four Guide Services PHP 500.00 | mi mi | 30 nutes 30 nutes 30 nutes | Tourism Operations Officer I Mayor's Office | | |
| | nec | essary TOTAL: | PH | IP 500.00 | | 1 hour | 30 minutes | | |



Walk-in Queries

The Tourism Division of this Agency provides information to individuals or organizations asking for data such as tourist arrivals, tourist attractions, room rates and good service establishments of this municipality.

| Office: | | Tourism Offi | ce | | | |
|---|---|----------------------------------|--------------------|---------------------|--|--|
| Classification: | | Simple | | | | |
| Type of Transacti | on: | G2C | | | | |
| Who may avail: | | All | | | | |
| CHECKLIST OF | REQU | REMENTS | 1 | WHERE TO S | ECURE | |
| NONE | | | NONE | | | |
| CLIENT STEPS | ENT STEPS AGENCY ACTION | | FEES TO BE PAID | PROCESSI NG TIME | PERSON RESPONSIBLE | |
| Visits the Tourism Office Sign in the | in | ssists ts in signing gbook | None | 1 Minute | | |
| Logbook, state the purpose | 1.2 Interview, asses the client's needed of assistance and provide brochure | | None | 15 Minutes | Tourism Operations Officer I Mayor's Office | |
| 2. Receives Answers queries response to queries | | | None | 5 Minutes | | |
| | TOTA | L: | None | 7 1 | Vinutes | |



OFFICE OF THE MUNICIPAL MAYOR

Internal Services



Application of Gas Slip and Trip Ticket

All Employees who are requesting Gas or to use a Municipal Vehicle are required to get a trip ticket and Gas Slip at the Office of the Mayor.

| Office or Division: | Office of the May | or | | | |
|---|---|-----------------------|---------------------|---|--|
| Classification: | Simple | <u> </u> | | | |
| Type of Transaction | | | | | |
| Who may avail: | G2G All Municipal Em | nplovees | | | |
| CHECKLIST OF F | WHERE TO SECURE | | | | |
| NONE | NONE | | | | |
| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCESSI NG TIME | PERSON RESPONSIB LE | |
| Request for Vehicle Trip Ticket Form | Issue Vehicle Trip Ticket Form. | None | 30 seconds | Administrative Aide Mayor's Office | |
| 2. Fill-up trip ticket and have this signed by authorized signatories (Requesting personnel, Driver and Department Head) | None | None | 2 minutes | Requesting Personnel Requesting Department | |
| 3. Submit the signed form to the Office of the Mayor | 3.1. Check and record the submitted form | None | 2 minutes | Administrative Aide Mayor's Office | |
| 4 5 | 3.2. Issue Gas Slip | None | 30 seconds | • | |
| 4. Bring Gas Slip to the Municipal Treasurer for signature | Sign Gas Slip | None | 2 minutes | Municipal Treasurer Treasury Office | |
| 5. Return the Gas slip and Trip ticket to the Office of the Mayor | 5.1 Check the submitted form and forward to Mayor for approval | None | 2 minutes | Administrative Aide Mayor's Office | |
| | 5.2 Approve Gas Slip and allocate volume of fuel to be withdrawn | None | 2 minutes | <i>Municipal</i> <i>Mayor</i> Mayor's Office | |
| 6. Receives Gas slip and Trip Ticket from the Office of the Mayor and proceeds to the gasoline station for withdrawal | Record volume of allocated fuel to be withdraw and release Trip Ticket and Gas Slip to requesting personnel | None | 1 minute | Administrative Aide Mayor's Office | |
| | TOTAL | None | 12 M | linutes | |



Application for Leave of Absence

Leave of Absence is a right granted to employees not to report for work with or without pay as may be provided by law and as the rules prescribe in Rule XVI of Executive Order No. 292. Employees are required to file their leave applications using CSC Form No. 6 whenever they go on leave of absence

| Office: | Human Resource Management Office | | | | | | |
|--|----------------------------------|----------------------------|---------------|-------------|----|-----------------------------------|--|
| Classification: | | Simple | | | | | |
| Type of Transaction: G2G | | | | | | | |
| Who may avail: All permanent, coterminous, casua elective officials of the government | | | | | | nployees and | |
| CHECKLIST OF REQUIREMENTS WHERE TO SECURE | | | | | | | |
| Application for Le (3 original) | | ssigned Office/ RMO | | | | | |
| Medical Certifica original) | te (for m | ore than 3 days | sick lea | ve) (1 | Pł | Physician/Hospital | |
| Clearance Form days) (1 original) | (CS Form | No. 7) (if leave i | s more tl | nan 30 | l | uman Resource anagement Office | |
| | | | FEES | PROC | E | PERSON | |
| CLIENT STEPS | AGE | NCY ACTION | TO BE PAID | SSIN TIME | | RESPONSIBLE | |
| Submit duly accomplished | 1.1 Rece absence | ive leave of form | None | 30 secon | ds | | |
| leave of | | oute accumulated | None | | | | |
| absence form | | eave of credits and record | | | | Administrative | |
| | Card and | employee's Leave | | | | Aide/ HRMO | |
| | | on of leave | | 1 | | Human Resource | |
| | | nen forwards it to | | Minut | е | Management Office | |
| | | an Resource | | | | | |
| Manageme signing | | nent Officer for | | | | | |
| 1.3 Signs | | the Certification | None | 30 | | HRMO Human Resource | |
| | of Leave | Credits | None | seconds | | Management Office | |
| | 1.4 Forwards document to | | | 20 | | Administrative | |
| | the Munic | e Municipal Mayor/ Vice | | 30 secon | de | Aide/ HRMO Human Resource | |
| | Mayor fo | r signature | | 360011 | us | Management Office | |
| | 4 = 0: | | | | | Municipal Mayor/ | |
| | _ | 1.5. Signs the application | | 30 | 40 | Vice Mayor | |
| | for leave of absence | | | secon | us | Mayor/ Vice Mayor's Office | |
| 2. Receive copy | Releases | approved | | | | Administrative | |
| of approved | documen | | | 2 | | Aide/ HRMO | |
| Application for | | e, accounting | None | minute | es | Human Resource Management Office | |
| Leave of Absence | office, and the other as file | | | | | Management Onlo | |
| Vngelice | copy | | 1 | 1 | | | |



Application for Pass Slip and Field Work

To ensure engaged time-on-task, and for the monitoring of the whereabouts of employees during office hours, all departures from the place of work during office hours for the purpose of attending an outside official assignment/ business (other than with Travel Order) should be covered by a duly approved Pass Slip or Field Work Form.

| Office | Office Description (Office | | | | | | | |
|---|--|---|---------------------------------|-----------|--|--|--|--|
| Office: | | Human Resource Management Office | | | | | | |
| Classification: | | Simple | | | | | | |
| Type of Transaction: | | G2G | | | | | | |
| Who may avail: | | All Municipa | I Employe | ees | | | | |
| CHECKLIST OF REG | UIF | REMENTS | WHERE TO SECURE | | | | | |
| Pass Slip/ Field Work Form | | | Assigned Office/ HRMO | | | | | |
| CLIENT STEPS | | AGENCY ACTION | FEES PROCESSING PERSON RESPONSI | | | | | |
| 1. Fill-up Pass Slip/ Field Work Form and forward the same to the department head for approval | sig an the | eview and gn the form d return to e requesting nployee | None | 2 minutes | Concerned Department Heads/ Municipal Administrator Concerned Department/ Municipal Administrator's Office | | | |
| 2. Submit copy of approved Pass Slip/Field Work Form* to the Human Resource Management Office *Client name and signature should be accomplished in the Field Work Form | Fig Fo up ba co en Pa for | e Pass Slip/ eld Work orm and date leave lance of ncerned nployee if ass Slip is personal siness | None | 1 minute | Administrative Aide/ HRMO Human Resource Management Office | | | |
| | | TOTAL: | None | 3 m | inutes | | | |



Application of Travel Order

All employees who has meeting, training, seminar, workshop and other work related activities outside the municipal hall is required to secure a travel order.

| Office or Division: | | Office of the Mayor | | | | | |
|--|---|--|-----------------------|------------------------|------------|---|--|
| Classification: | 5 | Simple | | | | | |
| Type of Transaction | | | | | | | |
| Who may avail: | | | | | | | |
| CHECK | CHECKLIST OF REQUIREMENTS WHERE TO SECU | | | | | | |
| 1. Approved Letter/0 information. | Commu | nunication/Memo/ travel Routed to Employee | | | | | |
| CLIENT STEPS | AGE | NCY ACTIONS | FEES TO BE PAID | PROCES SING TIME | | PERSON RESPONSIBLE | |
| Report or Proceed to the Municipal Administrator | the pu | ate and assess urpose of travel. | None | 5 Mi | nutes | Municipal Administrator Administrator's Office | |
| | docur | des the ment | None | | nutes | Administrative Aide Mayor's Office | |
| 2. Receive Travel Order from the Office of the Municipal Mayor | for De | se document epartment 's Signature | None | | inute | Administrative Aide Mayor's Office | |
| 3. Forward the Travel Order to the Department Head for recommending approval | Sign - | Travel Order | None | 3 Mi | nutes | Department Head Concerned Department | |
| 4. Return the document to the Office of the Mayor for | docur Munio | ard the ment to the cipal nistrator | None | _ | 30 onds | Administrative Aide Mayor's Office | |
| Mayor's approval | Affix i | nitial. | None | | nutes | Municipal Administrator Administrators Office | |
| | travel | ard encoded order for ture of the r | None | | 30 onds | Administrative Aide Mayor's Office | |
| | | he document | None | | nutes | <i>Municipal Mayor</i> Mayor's Office | |
| 5. Receives the approved Travel Order. | | | None | | inute | Administrative Aide Mayor's Office | |
| | TOTAL | None | 17 N | /linute | S | | |



Issuance of Certificate of Employment/ Certificate of Employment with Compensation and Benefits

The Certificate of Employment (COE) and/or Certificate of Employment with Compensation and Benefits (COECB) is issued to provide information on employee's position, current employment status, salary, allowances and benefits received, etc. The COE/COESB document is used for various purposes to include loan, school application, bank transaction, passport/visa application, and other legal purposes.

| Office: | Human Reso | Human Resource Management Office | | | | | |
|---|--|----------------------------------|-------------------------------|---|--|--|--|
| Classification: | Simple | | | | | | |
| Type of Transaction: G2G | | | | | | | |
| Who may avail: | may avail: All employees and municipal officials of the municipality | | | | | | |
| CHECKLIST OF I | REQUIREMENTS | JIREMENTS WHERE TO SECURE | | | | | |
| NONE | | NONE | NONE | | | | |
| CLIENT STEPS | AGENCY ACTION | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE | | | |
| 1. Request and state the purpose of securing Certificate of Employment | 1.1 Prepares certificate of employment and forward it to the HRMO for signature 1.2 Review and sign the document and return to the | None | 3 Minutes 30 seconds | HRMO/ Administrative Aide Human Resource Management Office Human Resource Officer IV Human Resource Management | | | |
| | releasing employee | | | Office | | | |
| 2. Receive Certificate of Employment and sign in the document receiving logbook | 2. Record transaction at logbook and release Certificate of Employment to requesting employee | None | 30 seconds | HRMO/ Administrative Aide Human Resource Management Office | | | |
| | TOTAL | .: None | 4 Mi | inutes | | | |



Issuance of Business Permit

Any individual or corporation, who establishes, operates and maintains a business within this Municipality shall be required to pay for a business tax, mayor's permit and other regulatory fees pursuant to the revenue code of the municipality. Mode of payment is on annual, semi-annual, or quarterly basis and payment shall only be made at the Office of the Municipal Treasurer.

| Office or Divis | sion: | Office of the Mayor | | | | | |
|---|----------------------------|--|--|---------------------------|---|--|--|
| Classification | | Simple | | | | | |
| | Type of Transaction: G2G | | | | | | |
| Who may avail: All Business Owner | | | | | | | |
| | QUIREMENTS | , | WHERE TO | SECURE | | | |
| Barangay B Original Cop | earance (1 | Baranga | y Hall | | | | |
| SEC/DTI/CDA Registration (1 Photocopy) | | | Securities and Exchange Commission, Department of Trade and Industry/ Negosyo Center, Cooperative Development Authority | | | | |
| 3. Fire Safety Original) | | | BFP | | | | |
| 4. Sanitary Pe | | | RHU | | | | |
| 5. Locational ((1 Original) | Clearance/Z | Zoning Clearance | Zoning C | Officer, MPD | OC . | | |
| 6. Official Rec | eipt | | Municipa | Municipal Treasury Office | | | |
| CLIENT STEPS | AGE | NCY ACTIONS | FEES TO BE PAID | PROCE SSING TIME | PERSON RESPONSIBLE | | |
| 1. Submit complete | | ate and assess the requirements | None | 2 minutes | BPLO Staff BPLO Office | | |
| requirements 1.2. End to the BPLO | | des document | None | 3 minutes | Admin. Aide Mayor's Office | | |
| Office | permit to | ard the encoded the Municipal ator for review. | None | 30 seconds | <i>Admin. Aide</i> Mayor's Office | | |
| | 1.4. Revie and affix in | | None | 2 minutes | Mun. Administrator Administrator's Office | | |
| 1.5. Forward end permit for signat Mayor | | | None | 30 seconds | Administrative Aide Mayor's Office | | |
| | 1.6 Sign the document | | None | 2 minutes | <i>Municipal Mayor</i> Mayor's Office | | |
| 2. Forward the New Business Permit to BPLO Office | Forward t | the Business | None None | 1 minute | Administrative Aide Mayor's Office | | |
| | TOTAL | | | | nutes | | |



Issuance of Service Record

receiving logbook

employee

The Service Record (SR) is issued to requesting active employee to provide information on employee's work history/experiences, status of employment, employment changes as promotion, transfer, reappointment, reemployment, secondment, step increment, etc. The SR is used for various purposes to include as employment, school and loan application, step increment, personal file, and for other legal purposes.

| Office: | | Human Resource Management Office | | | | | |
|---|--|---|----|-----------------------|-----------------------------------|---|--|
| Classification: | | Simple | | | | | |
| Type of Transaction: G2G | | | | | | | |
| Who may avail: All employees officials who had | | | | \ I | nt, cotermino service in the n | | |
| CHECKLIST OF R | EQU | EQUIREMENTS WHERE TO SECURE | | | | | |
| Any Government-is | sued | d ID BIR, Postal, DFA, PSA, SSS, GSIS, Pag-IBI etc | | | | | |
| CLIENT STEPS | AG | SENCY ACTION | NC | FEES TO BE PAID | PROCESSI NG TIME | PERSON RESPONSIBLE | |
| Present ID and state the purpose of securing copy of Service Record | ID, ineconstruction prepared to the second pr | 1 Verify presented , update (if ecessary) and epare/ generate ervice Record and rward it to the RMO for signature | | None | 3 Minutes | Administrative Aide Human Resource Management Office | |
| | the retu | Review and sign document and Irn to the asing employee | | None | 30 seconds | Human Resource Officer IV Human Resource Management Office | |
| 2. Receive Service Record and sign in the document | at lo | cord transaction ogbook and ase Service cord to requesting | | None | 30 seconds | HRMO/ Administrative Aide Human Resource Management Office | |

TOTAL:

None

4 Minutes



Photocopying Service (For Office Files Only)

Photocopying Services serves to makes copies of office documents, forms, and other visual images quickly and cheaply.

| Office or Division: | Office of | Office of the Mayor | | | | |
|--|--|---------------------|------------------|--|--|--|
| Classification: | Simple | Simple | | | | |
| Type of Transaction | 1: G2G | | | | | |
| Who may avail: | All Munic | cipal I | Employee | es | | |
| CHECKLIST | OF | | WHERE TO SECURE | | | |
| REQUIREME | ENTS | | | | | |
| Photocopy Request f | | Offi | ce of the | Mayor, Respectiv | e department | |
| Required Bond Pape | r | Red | questing (| Office | | |
| CLIENT STEPS | AGENCY ACTION: | | FEES TO BE | PROCESSING TIME | PERSON RESPONSIBL F | |
| | | | PAID | | C | |
| 1. Submit Photocopy Request Form, documents to | 1.1 Check a approve submitted for | | None | 2 minutes and 30 seconds | Administrative Aide Mayor's Office | |
| be photocopied and required number of Bond Paper. | 1.2 Photocol document/s | | None | 1 minute* *depends on the volume of documents to be photocopied | Administrative Aide Mayor's Office | |
| . 2. Receives the original and photocopied document/s. | Return origin documents a photocopy/ie | and es | None | 1 minute | Administrative Aide Mayor's Office | |
| | TO | TAL | None | 4 Minutes | 30 seconds | |



Processing of Terminal Leave Benefits

All employees who separates/retires with accumulated leave credits are entitled to claim terminal leave benefits pay. Terminal Leave Benefits (TLB) payment is based on accumulated leave credits during the service and the computation depends on the highest salary received.

| Office: | Human Resource Management Office | | | | | |
|---|---|--|--|--|--|--|
| Classification: | Simple | | | | | |
| Type of Transaction: | G2C, G2G | | | | | |
| Who may avail: | Retired / separated employees/officials of LGU Suy | | | | | |
| CHECKLIST OF R | REQUIREMENTS | WHERE TO SECURE | | | | |
| Sworn Statement of A Net Worth (SSALN) as government service | cipal Mayor/ Vice Mayor ssets, Liabilities and | Requesting Party Requesting Party Requesting Party | | | | |
| criminal investigation, him/her (RA No. 3019 Corrupt Practices) | or prosecution against – Anti-Graft and on (in affidavit form) to | Requesting Party | | | | |
| Clearance / Certificate Statement of Account | from GSIS | GSIS | | | | |
| Clearance from mone accountability from the | | LGU/ HRMO | | | | |

| Client Steps | Agency Action | Fees to be paid | Processi ng Time | Person Responsible |
|---|--|-----------------|---------------------|---|
| 1. Inform/ submit intention to retire/ resign to the Office of the Mayor/ Vice Mayor (at least one (1) year before if retiring) | 1.1 Approve application for retirement/ resignation | None | 5 minutes | Municipal Mayor/ Vice Mayor Office of the Municipal Mayor/ Vice Mayor |
| reumg) | 1.2 Forward approved application to the HRMO | None | 5 minutes | Administrative Aide Office of the Municipal Mayor/ Vice Mayor |
| | 1.3 Receive the application and review, verify and compute total accumulated leave credits | None | 40 minutes | HRMO/ Administrative Aide Human Resource |
| | 1.4 Submit estimated amount of money | None | 10 minutes | Management Office |





Receiving/Routing of Incoming Communications

All official communications addressed to offices or received via email shall be submitted to the office of the mayor for recording and routing.

| Office or Division | n: | Office of the Mayor | | | | | | |
|--|--|--|-------|-----------------------|------------------------|---|--|--|
| Classification: | | Simple | | | | | | |
| Type of Transact | tion: | G2G | | | | | | |
| Who may avail: | | All Munici | pal E | Employees | 3 | | | |
| CHECKLIST OF | REQUIR | EMENTS | | WHERE TO SECURE | | | | |
| Incoming commun | nication | | Po | Postal, email | | | | |
| CLIENT STEPS | AGEN | CY ACTION | IS | FEES TO BE PAID | PROCES SING TIME | PERSON RESPONSIBLE | | |
| Submit printed or | 1.1 Rece | | | None | 1 minute | | | |
| delivered communication to the Office of the Mayor. | 1.2 Forward communication to the Municipal Administrator for routing | | | None | 30 seconds | Administrative Aide Mayor's Office | | |
| | 1.3 Read/ evaluate communication, determine appropriate action and assign communication to concerned department employee | | | None | 5 minutes | Municipal Administrator Administrator's Office | | |
| | Mayor fo | vard to the or additional ons and I of route slip | 0 | None | 30 seconds | Administrative Aide Mayor's Office | | |
| | route slip | |) | None | 2 minutes | <i>Municipal Mayor</i> Mayor's Office | | |
| | 1.6 Reco | nication | | None | 3 minutes | Administrative Aide Mayor's Office | | |
| 2. Receives the communication and provide appropriate action in response | with app | mmunication roved route oncerned ent/ employ | ee | None | 3 minutes | Administrative Aide Mayor's Office | | |
| | | ТОТ | AL | None | 15 | Minutes | | |



Recruitment

2. Receive

Recruitment is the process of identifying, shortlisting and selecting the best candidate for the vacant position. Employment with the Municipal Government of Suyo is open to all, provided that there is a vacant position. Applicants for vacant positions should possess the minimum qualification requirements of the position applied for. Vacancies are posted in the Bulletin Board in front of the municipal hall and at the Civil Service Commission Provincial Field Office bulletin and published in the CSC Bulletin of Vacant Positions for 15 calendar days.

| Office: | | Human Resource Management Office | | | | | | |
|--|--|---|-------------------------|---|---------------------------------|--|--|--|
| Classification: | | Simple- Highly Technical | | | | | | |
| Type of Transact | G2C G2C | | | | | | | |
| Who may avail: | Who may avail: All interested app | | | | 3 | | | |
| CHECKLIST C | CHECKLIST OF REQUIREMENTS | | | | WHERE TO | SECURE | | |
| Application Letter Municipal Mayor/\ Duly accomplished (CS Form No. 212 | /ice Ma d Pers | ayor onal Data Sheet | | Applicant Download form from the CSC website | | | | |
| Curriculum Vitae | | • | | | | | | |
| Photocopy of suppas eligibility/ies, tra | ainings | s, etc. | | pli | cant | | | |
| Certificate of emplificate of emplificate of emplificate of emplificate of emplifications. | loymer | nt, service record | СО | nn | ious employer or ected with | current agency | | |
| CLIENT STEPS | AGE | ENCY ACTION | FEE TO BE PAII | | PROCESSING TIME | PERSON RESPONSIBLE | | |
| Submit application letter with complete supporting documents | subm required forwathe O | ssess itted rement and rd the same to iffice of the ir/ Vice Mayor. | Non | е | 5 minutes | HRMO/ Administrative Aide Human Resource Management Office | | |
| | 1.2 R applic route Reso Mana | eceive cation letter and to Human | Non | е | 2 minutes | Administrative Aide Mayor/ Vice Mayor's Office | | |
| | scree list of applic 1.4 C sched | onduct pre- ening, prepare qualified cants. oordinate the dules of | Non Non | | 4 hours ¹ 10 minutes | HRMO Human Resource Management Office | | |
| | | ied applicants | | | | | | |

Prepare and issue

None

30 minutes



| notice of screening | notice of screening. | | | |
|--------------------------------|--|------|----------------------|---|
| 3. Attend the Screening | Conduct interview and assessment of applicant | None | 4 hours ² | All Personnel Selection Board Members |
| | Prepare the result of the deliberation or comparative assessment and minutes of meeting. | None | 1 working day | PSB Secretariat |
| | Submit the comparative assessment and resolution to the appointing authority. | None | 5 minutes | HRMO Human Resource Management Office |
| | Select applicant to be appointed. | None | 5 minutes | Municipal Mayor/ Vice Mayor Mayor/ Vice Mayor's Office |
| 4. Receive result of interview | Inform the applicant of the result of interview and if appointed, require other documents for appointment. | None | 15 minutes | HRMO Human Resource Management Office |
| | TOTAL | None | 17 hours ar | nd 12 minutes |

¹ Depends on the number of applicants being assessed ² Depends on the schedule of HRMPSB and the number of applicants being assessed



Request for Use of Projector

This service is availed by departments needing multimedia projector for meetings, seminars, programs and for other official use.

| Office or Division | n: | Office of the Mayor | | | | | |
|---|-------------------------|--|-----|-----------------------|--------------------------|--|--|
| Classification: | | Simple | | | | | |
| Type of Transact | ion: | G2G | | | | | |
| Who may avail: | | All Munic | ipa | I Employee | es | | |
| CHECKI | | | | | WHERE TO SEC | URE | |
| REQUIRE | EMEN [®] | ΓS | | | | | |
| Request Form | | | C | Office of the | e Mayor | | |
| CLIENT STEPS | | AGENCY ACTIONS | | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBL E | |
| 1. Fill-up and submit Request Form | evalu | heck and ate hitted form | | None | 3 minutes and 30 seconds | Administrative Aide Mayor's Office | |
| | recor equip acces | 1.2. Prepare, record and check equipment/ accessories to be issued | | None | 2 minutes | Administrative Aide Mayor's Office | |
| 2. Receives the requested projector/ accessories. | proje | sued sue requested ojector/ ccessories. | | None | 1 minute | Administrative Aide Mayor's Office | |
| | | TOTA | ۱L | None | 6 Minutes | 30 seconds | |



Submission of Statement of Assets, Liabilities and Net worth

Statement of Assets, Liabilities, and Net Worth or SALN is a declaration of assets and liabilities, including business and financial interests, of an official/employee, of his or her spouse, and of his or her unmarried children under 18 years old still living in their parents' households. All public officials and employees, whether regular or under temporary status, are required to file a SALN. The SALN must be filed: 1) within thirty (30) days after assumption of office; 2) on or before April 30, of every year thereafter; & 3) within thirty (30) days after separation from the service.

| Office: | | Human Resource Management Office | | | | | | |
|-------------------|--|--|-------|-----------------|--------------------|---|--|--|
| Classificat | ion: | Simple | | | | | | |
| | ansaction: | G2G | | | | | | |
| Who may a | avail: | Municipal Officials a | ınd l | Emp | oloyees, and B | arangay Officials | | |
| CHE | CKLIST OF I | REQUIREMENTS | | | WHERE T | O SECURE | | |
| 1. Duly Acc | omplished S | ALN Forms (2 origina | al) | En | nployees/Officia | als | | |
| 2. Governm | nent Issued II | D (1 photocopy) | | | nployees/Officia | als | | |
| Client Steps | Age | ency Action | to | es be iid | Processing Time | Person Responsible | | |
| 1. None | the submiss | memorandum for sion of SALN (all and municipal/ fficials) | Ño | ne | 15 Minutes | HRMO/ Administrative Aide Human Resource Management Office | | |
| 2. Submit SALN | 2.1. Receiv submitted S | e and review SALN | No | ne | 10 Minutes | | | |
| | the Office of Mayor's sign of the Cases who necessary, immediately employee/cand/or correspond to the Cases of the Cases o | ed SALN Form to if the Mayor for nature. here corrections are the SALN is y returned to the official for revision ection | No | ne | 1 minute | HRMO/ Administrative Aide Human Resource Management Office | | |
| | 2.3. Sign S | | No | ne | 1 hour | Municipal Mayor/ Attorney Mayor's Office/ Notary Public | | |
| 3. None | list of filers attachment documents | s and transmit to CSC-FO and e Ombudsman | | ne | 2 hour | HRMO/ Administrative Aide Human Resource Management Office | | |
| | | Total: | No | ne | 3 hour ar | nd 26 minutes | | |



OFFICE OF THE GENERAL SERVICES OFFICE

External Services



Application of Water Service Connections

The Water system of Suyo is an extension service of the Local Government Unit where in residents from six (6) barangays may avail of its services. Approved application is needed before installation.

| Office: | | General Ser | vic | es Office | | |
|---|--|--|-----|-----------------------|--------------------|--|
| Classification: | | Simple | | | | |
| Type of Transa | | G2G, G2C | | | | |
| Who may avail | : | Residents from | om | 6 baranga | ays | |
| CHECKLIST O | F REQU | IREMENTS | | | WHERE TO SEC | URE |
| 1. Application | | | Ğ | eneral ser | vices Office | |
| 2. Official Rece | eipt | | Tr | easury Of | fice | |
| CLIENT STEPS | AGENCY ACTION | | | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
| 1. Submits filled up Application Form | Applica verify a client to Treasu | eceives filled- up oplication form, erify and ask the ent to proceed to easury Office for ientation | | None | 2 Minute | GSO/ Administrative Aide General Services Office |
| 2. Submit duly accomplished Application Form. | Application and the Market States of the Market Sta | Signs accomplished Application Form and endorse for inspection to the Municipal Engineer or his staff for the availability of water supply then forward to the Office of the Mayor for approval. | | | 1 minute | GSO/ Administrative Aide General Services Office |
| 3. Present Official receipt and submit approved application | form | ed application | | None | 1 minute | GSO/ Administrative Aide General Services Office |
| form | | ign control r, record and | | None | 5 Minutes | Administrative Aide General services Office |
| | | TOTA | ۱L | None | 10 M | inutes |



OFFICE OF THE GENERAL SERVICES OFFICER

Internal Services



Acceptance of Duplicate Owner's Copy of Real Properties owned by LGU

Property Custodian is in-charge of the safekeeping of the duplicate Owner's Copy of all real properties owned by the Municipality.

| Office: | | General Services Office | | | | | |
|--|--|----------------------------|-----------------------|--------------------|--|--|--|
| Classification: | | Simple | | | | | |
| Type of Transacti | on: | G2G | | | | | |
| Who may avail: | | Municipal assessor/LAOO II | | | | | |
| CHECKLIST OF | REC | UIREMENTS WHERE TO SECURE | | | | | |
| Owner's copy of the | e pro | perties | Assesso | | | | |
| CLIENT STEPS | AG | ENCY ACTION | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE | | |
| 1. Submit duplicate owner's copy of property | 1.1 Receives duplicate owner's copy of the property | | None | 1 minute | GSO/ Administrative Aide General Services Office | | |
| | | File the eived copy | None | 2 minutes | Office | | |
| | | TOTAL | None | 3 Mi | inutes | | |



Acceptance of Purchased Goods/Deliveries

Accepts purchased goods and materials after inspection is done based on what is stated in the purchase order before accomplishing the Inspection and Acceptance Report.

| RE TO SECURE |
|---|
| RE TO SECURE |
| RE TO SECURE |
| RE TO SECURE |
| |
| |
| ESSING PERSON RESPONSIBLE |
| GSO/ Administrative ours Aide General Services Office |
| GSO/ Administrative inutes Aide General Services Office |
| nutes GSO General Services Office |
| |



Acceptance of Unserviceable Equipment

All unserviceable properties must be surrendered for relief of accountability and for proper recording.

| Office: | Office: Gene | | General Services Office | | | |
|----------------------------|----------------------------------|--|-------------------------|---------------------|---|--|
| Classification: | | Simple | | | | |
| Type of Transact | tion: | G2G | | | | |
| Who may avail: | | All departments | | | | |
| CHECKLIST (| OF REQ | UIREMENTS | | WHERE TO | SECURE | |
| Return Slip | | | General | Services Office |) | |
| CLIENT STEPS | AGENCY ACTION | | FEES TO BE PAID | PROCESSI NG TIME | PERSON RESPONSIBLE | |
| Submits Return Slip of | _ | ceives Return Equipment | None | 1 minute | GSO/ | |
| Equipment | equipn | pect riceable nent and check g record. | None | 5 minutes | Administrative Aide General Services Office | |
| | unserv | 1.3 Receives the unserviceable property for safe keeping | | 5 minutes | GSO/ Administrative Aide General Services Office | |
| | 1.4 Record the returned property | | None | 2 minutes | GSO General Services Office | |
| | | TOTAL | None | 13 | Minutes | |



Acceptance of Waste Materials

Waste materials must be surrendered before or after the procurement of requested item for replacement.

| Office: | | General Service | es Office | | |
|-------------------------------|--|---|--------------------|-----------------------|--|
| Classification: | | Simple | | | |
| Type of Transaction | on: | G2G | | | |
| Who may avail: | | Drivers, NAWAS | SA persor | nel and Utility wo | rkers |
| CHECKLIST OF | REC | UIREMENTS | | WHERE TO SE | CURE |
| NONE | | | NONE | | |
| CLIENT STEPS AGENCY ACTION | | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE | |
| 1. Surrenders waste materials | 1.1 Accepts Waste Materials for safe keeping | | None | 3 minutes | GSO/ Administrative Aide General Services Office |
| | | Make Report of ste Materials | None | 10 minutes | GSO General Services Office |
| | and oth | Signs report I forward to er Offices for natures | None | 5 minutes | GSO/ Administrative Aide General Services Office |
| | | TOTAL | None | 18 M | inutes |



Issuance of Clearance from Property Accountability

Resigned, separated and retired official/employee must secure clearance from property accountabilities before leaving the LGU.

| Office: | | General Service | es Office |) | |
|----------------------------|--|------------------|--------------------------|--------------------|-------------------------|
| Classification: | | Simple | | | |
| Type of Transac | tion: | G2G | | | |
| Who may avail: | | | sual/Job | order LGU empl | |
| CHECKLIST | OF REQ | UIREMENTS | | WHERE TO S | |
| CS Form No. 7 C | learance | Form(original-5) | Huma | an Resource Man | agement Office |
| CLIENT STEPS | | | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
| Submits Clearance form | 1.1 Receives clearance form 1.2 Check the property accountability of the concern employee, if any. | | None | 1 minute | GSO General Services |
| | | | No | 5 minutes | Office |
| | 1.3 Signs Clearance | | None | 1 minute | |
| 2. Receives clearance | Release | e clearance | None | 1 minute | |
| | | TOTAL | None | 8 Mi | nutes |



Issuance of Delivered/accepted Materials & Equipment

Purchased materials and equipment must be covered with Property Acknowledgement Receipt or Inventory Custodian Slip to requesting department for transfer of accountability.

| Office: | | General Service | es Office | | | |
|--------------------------|---------------------------------------|---|-----------------------|--------------------|--|--|
| Classification: Simple | | | | | | |
| Type of Transa | ction: | G2G | | | | |
| Who may avail | : | Municipal Offici | als and E | mployees, and Ba | arangay Officials | |
| CHECKLIST (| OF REQ | UIREMENTS | | WHERE TO SI | ECURE | |
| 1. Inventory Cus | stodian S | Slip/Property | General | Services office | | |
| 2. Acknowledge | ment Re | eceipt | General | Services office | | |
| CLIENT STEPS | AGENCY ACTION | | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE | |
| 1. Submit request | Acknow Receip | epares Property wledgement of /Inventory lian Slip | None | 5 minutes | GSO/ Administrative Aide General Services Office | |
| | 1.2 Record and assign property number | | None | 10 minutes | GSO General Services Office | |
| | 1.3 Pre | epare property | None | 10 minutes | GSO/ Administrative | |
| 2. Receives the property | Issue r equipm | naterials or nent | None | 10 minutes | Aide General Services Office | |
| | | TOTAL | None | 35 M | inutes | |



Issuance of Office Supplies and Materials from Inventory

Supplies and materials will be issued with approved Requisition and issue slip for the liquidation of purchased supplies and materials.

| Office: | | General Se | rvice | s Office | | |
|--------------------------------------|--|---|-------|-----------------------|--------------------|--------------------------------|
| Classification: | | Simple | | | | |
| Type of Transact | tion: | G2G | | | | |
| Who may avail: | | All Departm | ents | of the LG | U | |
| CHECK | | _ | | , | WHERE TO SEC | IIRE |
| REQUIR | | | | | | OKL |
| 1. Supplies a | | | | | rices Office | |
| 2. Requisition | and I | ssue Slip | | | rices Office | |
| 3. Request | | | Ge | | rices Office | |
| CLIENT STEPS | AGI | ENCY ACTIO | ON | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
| 1. Submit request | | Supplies ability Inquiry | ′ | None | 1 minute | GSO/ Administrative Aide |
| 2. Submit accomplished Supplies | Supp | 2.1 Receive Supplies Availability Inquiry | | None | 1 minute | General Services Office |
| Availability Inquiry | supp | | ole | None | 30 minutes | |
| | chec Avail reque issue and I | 2.3 Forward checked Supplies Availability Inquiry to requesting office and issue Requisition and Issue Slip | | None | 5 minutes | |
| 3. Submit Requisition and Issue Slip | Slip | eceive Requisition | | None | 1 minute | |
| 4. Receives requested supplies | Issue Mate | | | None | 1 hour | |
| | | TOT | AL | None | 1 hour & | 38 minutes |



Request for Manpower, Vehicle and Facilities

Officials and employees are all entitled to request manpower, vehicle and facility when needed in carrying out their duties with approved request.

| Office: | Office: General Service | | es Office | | | |
|---------------------|--|------------------|-----------------------|---------------------|------------------------------------|--|
| Classification: | | Simple | | | | |
| Type of Transaction | on: | G2G | | | | |
| Who may avail: | | All Departments | and Bar | angays for Faciliti | es | |
| CHECKLIST OF | REQ | UIREMENTS | | WHERE TO SI | ECURE | |
| Approved request | | | General | Services Office | | |
| CLIENT STEPS | AGENCY ACTION | | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE | |
| 1. Submit request | | Receives uest | None | 1 minute | GSO/ Administrative | |
| | 1.2 Check Availability of requested Manpower, Vehicle or Facility 1.3 Provide confirmation | | None | 10 minutes | Aide General Services Office | |
| | | | None | 1 minute | | |
| | | TOTAL | None | 40 M | linutes | |



Request for Repair and Maintenance

Request form is needed for any repair and maintenance of all office equipment that requires repairs which subject for inspection.

| Office: | : General Serv | | | e e | |
|--|---|--|-----------------------|--------------------|--|
| Classification: | Classification: Simple | | | | |
| Type of Transact | ion: | G2G | | | |
| Who may avail: | | All Departme | nts | | |
| CHECKLIST OF | REQU | IREMENTS | | WHERE TO S | ECURE |
| Accomplished Job | Reque | st Form | General | Services Office | |
| CLIENT STEPS | AGEN | ICY ACTION | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
| 1. Submit filled- up Request Form | 1.1 Receive the filled up requisition form 1.2 Pre-inspect equipment/facility for repair | | None | 1 minute | GSO/ Administrative Aide General Services Office |
| | | | None | 30 minute | GSO/ Mechanic General Services Office |
| skilled 1.4 Pro schedu the rec Munici Engine for bui | | | None | 1 hour | |
| | | ule or forward quest to pal eering Office Iding and works repair. | None | 5 Minutes | GSO General Services Office |
| | | TOTAL | None | 1 hour & | 36 minutes |



OFFICE OF THE MUNICIPAL VICE MAYOR & SANGGUNIANG BAYAN

External Services



Issuance of Motorized Tricycle Operator's Permit (MTOP)

The Municipal Tricycle Franchising & Regulatory Board issues permits to motorized tricycles in accordance to the Municipal Traffic and Transportation Code of this municipality.

| Office: | Office of the Sangguniang Bayan | | | | |
|------------------------------|---------------------------------|------------------------------------|--|--|--|
| Classification: | Highly-Technical | | | | |
| Type of Transaction: | G2C | | | | |
| Who may avail: | Qualified Applicar | nts with Tricycle Unit | | | |
| CHECKLIST OF REQ | UIREMENTS | WHERE TO SECURE | | | |
| 1. Application Form | | Office of the Sangguniang Bayan | | | |
| 2. Latest Official Rece | . , , | Owner/Operator | | | |
| Certificate of Registration | (CR) | | | | |
| 3. Barangay Clearance | | Barangay Government Office | | | |
| 4. Latest Community Tax | (SEDULA) | Barangay/Municipal Treasury Office | | | |
| 5. Professional Driver's Lie | cense | Owner/Operator | | | |
| 6. SISTODA Clearance | | SISTODA President | | | |
| 7. SSS Coverage | | Owner/Operator | | | |
| 8. Deed of Sale (only for n | ew applicants, | Owner/Operator | | | |
| when the unit is not yet re- | gistered in the | | | | |
| name of the owner) | | | | | |

| CLIENT STEPS | AGENCY ACTION | FEES TO BE PAID | PROCESSI NG TIME | PERSON RESPONSIBLE |
|---|--|--|---------------------|---|
| 1. Submit Requirements | Verify submitted requirements and availability of Franchise | None | 5 minutes | LLSE II/ LLSO II Sangguniang Bayan Office |
| 2. Fill-up and submit Application Form | 2.1 Receive and verify accomplished application form | None | 5 minutes | LLSE II/ LLSO II Sangguniang Bayan Office |
| | 2.2 Instruct the client to proceed to Municipal Treasury Office for payment | None | 30 seconds | |
| 3. Proceed to the Municipal Treasury Office for payment of fees | Process payment, verify existing stickers and issue Official Receipts & stickers | Franchise Fee- PHP 100.00 Filing fee/unit- PHP 100.00 Mayor's Permit fee- PHP 100.00 | 10 Minutes | Revenue Collection Clerk Municipal Treasury Office |



| 4. Proceed to the Municipal Police Station for the verification of documents and inspection of unit | 4.1 Verify: a. OR/CR b. LTO Registration c. Driver's License d. compliance to the prescribed color of sidecar e. road worthiness of the unit f. trash receptacle g. body number h. year sticker i. municipal logo j. business plate 4.2 Signs the | Business Tax-PHP 330.00 Year Sticker-PHP 20.00 Municipal Logo-PHP100.00 Business Plate-PHP150.00 Body Number sticker (new)-PHP110.00 Filing Fee for amendment of MTOP-PHP50.00 *Penalty if delayed MTOP: 1st month-PHP300.00 2nd month-PHP600.00 3rd month-cancellation of MTOP None None | 15 minutes | PNP Personnel on duty Municipal Police Station |
|---|--|---|---------------|--|
| | certificate of inspection | ivone | seconds | who inspected the unit |



| | 4.3 Certify the inspection | None | 30 seconds | Chief of Police/Authorized Representative Municipal Police Station |
|---|---|--|---------------|--|
| 5. Submit application form to Mayor's | 5.1 Affixes signature | None | 30 seconds | <i>Municipal Mayor</i> Mayor's Office |
| Office for signature and issuance of Mayor's Permit | 5.2 Prepare and Issue Mayor's Permit | None | 10 minutes | Administrative Aide Mayor's Office |
| 6. Submit duly accomplished application form with Mayor's Permit to the | 6.1 Prepares MTOP | None | 5 minutes | LLSO/ SB Secretary/ Administrative Aide Sangguniang Bayan Office |
| Office of the Sangguniang Bayan | 6.2 Evaluate and affix signature | None | 5 minutes | SB- Chairman on MTFRB LLSE/ Sangguniang Bayan Office |
| | 6.3 Record to Log Book and Issue MTOP | None | 2 minutes | Administrative Aide Sangguniang Bayan Office |
| | TOTAL | New: PHP1,010.00 Renew: PHP650.00 Amendment: PHP50.00 Delayed: PHP650.00 plus (+) depending on the number of month delayed | 58 Minutes | and 40 seconds |



Issuance of MTOP Dropping

Motorized Tricycle Operators who intend to stop service completely due to reasons like unserviceable unit, the operator is required to file a request for Dropping.

| Office: | Sangguniang Bayar | n Office | | |
|-------------------------------------|--|--------------------|--------------------|---------------------------------|
| Classification: | Simple | | | |
| Type of Transaction: | G2C | | | |
| Who may avail: | Motorized Tricycle | Operators | | |
| CHECKLIST OF | REQUIREMENTS | , | WHERE TO SEC | URE |
| 1. Latest issued I | ИТОР | Owner/Opera | ator | |
| 2. Written reques | t for dropping | Owner/Opera | ator | |
| 3. Issued Busines | ss Plate | Owner/Opera | ator | |
| 4. Community Ta (Sedula) | x Certificate | Treasury Offi | ice/Barangay Gov | vernment Office |
| CLIENT STEPS | AGENCY ACTION | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
| Submit requirements | Receives and verify current | None | 5 Minutes | LLSO/ Administrative Aide |
| 0.0 | MTOP | N1 | 40 | Sangguniang |
| 2. Surrender Business plate issued | 2.1 Receives and Prepare certification of Dropping | None | 10 Minutes | Bayan Office |
| 3. Proceed to | Process | Certification | 10 | Revenue |
| the Municipal | payment and | (dropping) | minutes | Collection Clerk Municipal |
| Treasury Office for payment of fees | issue official receipt | fee Php100.00 | | Treasury Office |
| 4. Present | Verify OR and | None | 30 | LLSE/ |
| Official Receipt | secure signature | | seconds | Administrative |
| to the Office of | of the MTFRB | | | <i>Aide</i> Sangguniang |
| the | Chairman | | | Bayan Office |
| Sangguniang Bayan | | | | - |
| 5. Receive | Issue | None | 30 | OSB Staff |
| Certification | certification | | seconds | Sangguniang Bayan Office |
| | TOTAL | NONE | 26 m | inutes |



Accreditation of Civil Society and Non-Government Organizations

Under the Local Government Code, the Sangguniang Bayan is empowered to accredit CSOs and NGOs. The accreditation of these organizations is necessary to qualify them to sit as representatives in the Special Bodies of the Municipality.

| Office: | Sangguniang Bayan Office | | | | | |
|--|----------------------------|--|--|--|--|--|
| Classification: | Highly Technical | | | | | |
| Type of Transaction: | G2C | | | | | |
| Who may avail: | NGOs/CSOs | NGOs/CSOs | | | | |
| CHECKLIST OF RE | QUIREMENTS WHERE TO SECURE | | | | | |
| Constitutional By-Laws List of Officers and Members Current Financial Statements duly accomplished | | Requesting party Requesting party Requesting party Office of the Sangguniang Bayan | | | | |
| 4. Application Form5. Certificate of Registration from concerned agencies | | SEC, CDA, DOLE, etc. | | | | |
| 6. Articles of Incorpora | ation | Requesting party | | | | |
| 7. Board Resolution expressing the intention of the NGO to be accredited | | Requesting part | | | | |
| 8. Letter of application (Note: 1 original copy, | | Requesting party | | | | |

| CLIENT STEPS | AGENCY ACTION | FEES TO BE PAID | PROCESS ING TIME | PERSON RESPONSIBLE |
|--|---|--------------------|--|--|
| Secure application form | Issue application form and checklist of requirements | None | 2 minutes | <i>LLSE/LLSO</i> Sangguniang Bayan Office |
| 2. Submit duly accomplished Application form together with the required supporting documents | Receive and check the supporting documents on the checklist | None | 5 minutes | LLSO/ Administrative Aide Sangguniang Bayan Office |
| 3. Wait for the approval of application or any Legislative Action. Attend | 3.1 Include in the Order of Business for First Reading and referral to the proper committee | None | 5 minutes | SB Secretary/ LLSO Sangguniang Bayan Office |
| public hearing (if requested) | 3.2 Refer to the committee concerned | None | 5 minutes (during SB session) | SB-Chairman, Committee on Rules or Presiding Officer Chairman-Trade Labor, Commerce & Industry |



| 2.2 Announce for | None | 2 minutes | Sangguniang |
|--|------|---|--|
| 3.3 Announce for the committee meeting | None | 2 minutes (during SB Session) | Sangguniang Bayan Office |
| 3.4 Convene a committee meeting to review, scrutinize, and evaluate the application | None | 1 hour | Committee on Trade Labor Commerce and Industry Sangguniang Bayan Office |
| 3.5 The concerned committee invites party/ies to a public hearing if necessary | None | 2 hours | |
| 3.6 The committee finalizes the committee report | None | 30 minutes | |
| 3.7 Committee Reporting and motion for the adoption of its recommendation | None | 20 minutes (during 2 nd SB Session) | Chairman-Trade Labor, Commerce & Industry Sangguniang Bayan Office |
| 3.8 Presentation of a draft Resolution approving the application for accreditation (if met the criteria set by law) for deliberation | None | 20 minutes (during 3 rd SB Session) | |
| 3.9 Resolution approving the request is adopted and approved | None | 2 minutes (during SB Session) | Sangguniang Bayan Members Sangguniang Bayan Office |
| 3.10 Finalize and assign number to the Resolution | None | 5 minutes | SB Secretary Sangguniang Bayan Office |
| 3.11 Facilitates signing of Resolution | None | 5 minutes | Administrative Aide Sangguniang Bayan Office |
| 3.12 Enrols the approved Resolution in the journal/ log book | None | 5 minutes | Administrative Aide/ SB Secretary Sangguniang Bayan Office |
| 3.13 Prepares Certificate of Accreditation based on the approved Resolution | None | 5 minutes | <i>LLSO</i> Sangguniang Bayan Office |



| 4. Receive Resolution and Certificate of Accreditation | 3.14 Notify the accredited NGOs/POs Issue Resolution and Certificate of Accreditation | None | 10 minutes 5 minutes | SB Secretary/ LLSO Sangguniang Bayan Office Administrative Aide/ LLSO Sangguniang Bayan Office |
|--|--|------|--|---|
| | TOTAL | NONE | 5 hrs & 5 minutes (3 reading principle) | |



Issuance of Certified Copies of Public Documents

Ordinances, Resolutions and other public documents are accessible to the public for reference and for its legal purposes.

| Office: | | Sangguniang Bayan Office | | | | |
|---------------------------------------|--|-------------------------------------|-------------------------------|--------------------|--|--|
| Classification: | | Simple | | | | |
| | n: | G2C | | | | |
| Type of Transaction | <i>)</i> 11. | | | | | |
| Who may avail: | | • | arangay Officials and offices | | | |
| CHECKLIST OF | REQ | JIREMENTS | WHERE TO SECURE | | | |
| Duly accomplished signed by the reque | | | Sanggur | niang Bayan Offic | е | |
| CLIENT STEPS AGENCY ACTION | | | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE | |
| Get copy of request form and | | /alidate the nitted request | None | 20 seconds | LLSO/ Admin. Aide/ | |
| accomplish the needed information | | Approves for ocopy | None | 20 seconds | SB Secretary Sangguniang Bayan Office | |
| 2. Waits for the release of copy | requ | Photocopy the ested iment | None | 5 minutes | Administrative Aide /LLSE SB Secretary | |
| | phot | verify and sign ocopied iment | None | 20 seconds | Sangguniang Bayan Office | |
| 3. Receives document | Record in the journal/logbook to be signed by the receiver of document | | None | 4 minutes | LLSO/ Admin. Aide Sangguniang Bayan Office | |
| | | TOTAL | NONE | NONE 10 minutes | | |



OFFICE OF THE MUNICIPAL VICE MAYOR & SANGGUNIANG BAYAN

Internal Services



Review of Budgets, Supplemental Budgets, Resolutions and Ordinances for the Operations of the Barangay Governments

Under the Local Government Code, the Sangguniang Bayan is empowered to review barangay budgets and ordinances passed by the barangay governments. The review of said budget and ordinances is to ensure that said legislation passed by the barangays are within their powers to discharge under the Local Government Code and other existing laws.

| Office: | Sangguniang Bayan Office | | | | | |
|--|--|---|--|--|--|--|
| Classification: | Highly Technical | | | | | |
| Type of Transaction: | G2G | | | | | |
| Who may avail: | Barangay/ SK Officials | | | | | |
| CHECKLIST OF REG | QUIREMENTS | WHERE TO SECURE | | | | |
| A. For Barangay Budgets 1. Appropriation Ordinance Barangay Budget 2. Resolution adopting the Development and Investm 3. Resolution adopting the 4. Resolution adopting the 5. Resolution from the San Kabataan on the utilization share from the barangay b 6. Endorsement letter for re- | Annual ent Plan BDRRM Plan PPMP agguniang of their 10% udget | Barangay Government Office Municipal Budget Office | | | | |
| | | Wallicipal Badget Office | | | | |
| B. For Supplemental Budget of 1. Supplemental Budget of Local Finance Committee 2. Appropriation Ordinance Supplemental Budget 3. PPMP amendment (if applement letter for reference to the supplement of the supplement letter for reference to the supplement letter for reference to the supplemental Budget 3. Endorsement letter for reference to the supplemental Budget 2. Endorsement letter for reference to the supplemental Budget 2. Appropriation of the supplemental Budget 3. Appropriation of the supplemen | ertified by the enacting the oplicable) | Barangay Government Office Municipal Budget Office | | | | |
| C. For Barangay Ordinand 1. Barangay Ordinance 2. Certification of Public He 3. Attendance/Minutes of F | earing | Barangay Government Office | | | | |
| 4. Copy of amended Ordinance (in case of amendment)5. Endorsement Letter for review | | | | | | |
| D. Barangay Resolution1. Barangay Resolution2. Endorsement for review3. Copy of the source of fu | - | Barangay Government Office Municipal Budget Office Barangay Government Office | | | | |



| Client Steps | Agency Action | Fees to | Processing | Person |
|---|--|---------|---|---|
| - | Agency Action | be paid | Time | Responsible |
| 1. Submit request with supporting documents | Receives the request and record in the log book for legislative actions | None | 5 Minutes | LLSO/ Administrative Aide Sangguniang Bayan Office |
| 2. Wait for Legislative Action. Attend hearing (if | 2.1 All received Brgy. Budget/Supplemental/Res olutions be placed in the Order of Business | None | 5 Minutes | LLSO/ SB Secretary Sangguniang Bayan Office |
| necessary) | 2.2 The Sangguniang Bayan takes up request and for referral to the proper committee | None | 5 minutes (during 1 st SB Session) | SB-Chairman on the Committee on Rules or Presiding Officer Sangguniang Bayan Office |
| | 2.3 Announce Committee meeting for the review of documents | None | 2 minutes (during SB Session) | SB-Committee Chairman Sangguniang Bayan Office |
| | 2.4 The concerned committee evaluates/ review documents and schedule for a hearing (if necessary) | None | 2 hours | SB Committee Concerned (please refer to the Steering Committees of the SB) Sangguniang Bayan Office |
| | 2.5 The committee prepares and finalizes committee report on the matter. | None | 20 minutes | SB Committee Concerned Sangguniang Bayan Office |
| | 2.6 Committee presents committee report to the Sangguniang Bayan the results of its meeting: a. Satisfactorily meets the requirements and gone into process- moves to adopt a Resolution on the matter b. If the request needs correction/lacking recommend to return for the needed correction/completion | None | 20 minutes (during 2 nd SB Session) | SB- Chairman of the concerned committee Sangguniang Bayan Office |
| | b.1. The Secretariat prepares return communication to be | None | 10 minutes (After SB Session) | SB Secretary/ LLSO Sangguniang Bayan Office |



| | signed by the Committee Chairman noted by the Presiding Officer b.2. Deliver the communication together with the returned request | None | 5 minutes | <i>LLSE/Admin. Aide</i> Sangguniang Bayan Office |
|--|--|------|---|---|
| If the request needs correction/ with lackings: | 2.a.1 Receive corrected/ completed documents and present to the committee concerned for final review | None | 5 minutes | LLSO/SB Secretary Sangguniang Bayan Office |
| 2.a Receive copy of the reviewed request and submit corrected or completed documents | 2.a.2 Re-evaluate submitted documents | None | 20 minutes | SB Committee concerned Sangguniang Bayan Office |
| | 2.7 The committee drafts a Resolution with the committee's recommendation | None | 20 minutes | SB-Chairman of the concerned committee Sangguniang |
| | 2.8 Presentation of the Draft Resolution adopting/ approving the barangay request/s for deliberation | None | 30 Minutes | Bayan Office |
| | 2.9 Motion for the approval of Resolution | None | 5 minutes (during 3 rd SB Session) | SB-Chairman of the concerned committee Sangguniang Bayan Office |
| | 2.10 Sangguniang Bayan's action to the motion | None | 2 minutes (during 3 rd SB Session) | SB Members Sangguniang Bayan Office |
| | 2.11 Resolution is finalized for signature | None | 10 minutes (after SB Session) | LLSO/SB Secretary Sangguniang Bayan Office |
| | 2.12 Facilitate signature of concerned officials | None | 5 minutes | LLSO/ Admin. Aide |
| | 2.13 Enroll signed Resolutions in the journal/logbook | None | 5 minutes | Sangguniang Bayan Office |
| 3. Receive copy of approved Resolution | Releases the resolution | None | 5 minutes | LLSE/ Admin. Aide Sangguniang Bayan Office |
| | TOTAL: | NONE | | linutes (3 SB ssion) |



Review of the Annual and Supplemental Budget for the Operations of Municipal Government

Under the Local Government Code, the Sangguniang Bayan is empowered to review Annual and Supplemental Budgets for the operations of the Municipal Government.

Office of the Sangguniang Bayan

Office:

3. Attend

| Classification: Type of Transact Who may avail: | ST OF R | Highly Technica G2G The Public Bar | | | | | |
|--|---|---|---------|---|---|--|--|
| Who may avail: | ST OF R | | | | | | |
| | | The Public Bar | | | | | |
| CHECKLI | | | | | ngay Officials and Municipal Offices | | |
| CHECKLIST OF REQUIREMENTS | | | | | TO SECURE | | |
| Proposed Annual/Suppler supporting documents as Annual/Supplemental Investigation approved by the Mun. De Proper endorsement by cor officers | | as prescribed by law nvestment Plan Development Council | | Municipal Budget Office Municipal Planning and Development Office (MPDO) Mayor's Office/ Municipal Budget Office | | | |
| Client Steps | Age | ency Action | Fees to | 9 | Person Responsible | | |
| 1. Secure requirements and submit to the Office of the Sangguniang Bayan for review and assessment | and ent | for legislative | None | | LLSO/ Administrative Aide Sangguniang Bayan Office | | |
| 2. Wait for the result of review and assessment | 2.1 Enter in the Order of Business for the 1 st Reading and referral | | None | 2 minutes | LLSO or SB Secretary Sangguniang Bayan Office | | |
| | Bayan t | | None | 2 minutes (during 1 st SB Session) | SB-Chairman, Committee on Rules or Presiding Officer Sangguniang Bayan Office | | |
| | 2.3 Anr Commithe revi | ttee meeting for ew of | None | 2 minutes (during SB Session) | SB-Chairman, Committee on Appropriation Sangguniang Bayan Office | | |
| | commit evaluat docume | es/review ents and le for a hearing | None | 4 hours | SB Committee on Appropriation Sangguniang Bayan Office | | |

None

4 hours

SB-Committee on

3.1. Conduct



| 11 | 0 | | | Einene D. I. (C. |
|---|---|------|--|--|
| Hearing as requested | Committee Hearing | | | Finance, Budget & Appropriation with Local Finance Committee(if necessary) |
| | | | | Sangguniang |
| | 3.2 The committee prepares and finalizes | None | 30 minutes | Bayan Office SB-Committee on Finance, Budget & |
| | committee report on the matter | | | Appropriation Sangguniang Bayan Office |
| | 3.3 Encodes the final result of meeting/hearing | None | 20 minutes | LLSO/OSB Secretariat Sangguniang Bayan Office |
| | 3.4 Committee presents committee report to the Sangguniang Bayan the results of its meeting: a. If satisfactorily meets the requirements and gone into process- moves for the enactment and approval of the Appropriation Ordinance b. If the request needs correction/lacking – recommend to return for the needed | None | 30 minutes (during 2 nd SB Session) | SB-Committee on Finance, Budget & Appropriation Sangguniang Bayan Office |
| If the request | b.1. The Secretariat prepares return communication to be signed by the Committee Chairman noted by the Presiding Officer | None | 10 minutes (After SB Session) | SB Secretary Sangguniang Bayan Office |
| have correction/ lackings: 3.a. Receive | b.2. Deliver the communication together with the returned request | none | 5 minutes | LLSE/ Admin. Aide Sangguniang Bayan Office |
| copy of the reviewed request and | 3.a.1 Receive corrected/completed documents and | None | 5 minutes | LLSO/ SB Secretary Sangguniang |
| | מטטעווופוונא מווע | | | |



| submit corrected or completed | present to the committee concerned | | | Bayan Office |
|---|---|------|---|--|
| documents for | for final review | | | 00.0 |
| final legislative action | 3.a.2 Re-evaluate submitted documents | None | 20 minutes | SB Committee on Finance, Budget & Appropriation Sangguniang Bayan Office |
| | 3.5 The committee drafts an appropriation Ordinance appropriating the amount specified therein. | None | 30 minutes | SB Committee on Finance, Budget & Appropriation Sangguniang Bayan Office |
| | 3.6 Presentation of the Draft Appropriation Ordinance for deliberation | None | 30 minutes (3 rd SB Session) | SB Committee on Finance, Budget & Appropriation Sangguniang Bayan Office |
| | 3.7 Deliberation of the Budget or Supplemental Budget presentation | None | 20 minutes | Sangguniang Bayan Members Sangguniang Bayan Office |
| | 3.8 Motion for the approval of Appropriation Ordinance | None | 10 seconds | SB-Committee on Finance, Budget & Appropriation Sangguniang Bayan Office |
| | 3.9 Sangguniang Bayan's action to the motion | None | 10 seconds | Sangguniang Bayan Members Sangguniang Bayan Office |
| | 3.10 Approve the motion of the SB | None | 10 seconds | Presiding Officer Sangguniang Bayan Office |
| | 3.11 Finalize the Apropriation Ordinance for signature | None | 20 minutes (after SB Session) | SB Secretary/LLSO Sangguniang Bayan Office |
| | 3.12 Facilitate signature of concerned officials | None | 5 minutes | LLSO/ Admin. Aide Sangguniang Bayan Office |
| | 3.13 Enrol signed Ordinance in the journal/logbook | None | 2 minutes | |
| 5. Receive copy of approved Appropriation Ordinance | Release the Approved Appropriation Ordinance | None | 2 minutes | LLSO/ Admin. Aide Sangguniang Bayan Office |
| | TOTAL | NONE | | Minutes & 30 (3 SB Session) |



OFFICE OF THE MUNICIPAL ASSESSOR

External Services



Annotation of Cancellation of Encumbrances and Bail Bonds

The service provides cancellation of encumbrances to the municipal copy of tax declaration such as mortgage, bail bond and other encumbrances duly supported by legal documents.

| Office: | | Office of the N | Municipal / | Assessor | | | | |
|------------------------------|--------------|--------------------------------|-------------|---------------------|-------------------|--|--|--|
| Classification: | | Simple | | | | | | |
| Type of Transacti | on: | G2C | | | | | | |
| Who may avail: | | All real proper representative | • | and/or any autho | orized | | | |
| CHECKLIST OF | REQU | | | WHERE TO S | ECURE | | | |
| 1. Mortgage: Real | Estate l | Mortgage | Bank or I | _ending Institutior | 1 | | | |
| Agreement. (1 orig | | | | | | | | |
| 2. Bailbond: Bailbo | _ | reement from | Municipa | I/Regional Trial C | ourt | | | |
| the court. (1 original | | | | | | | | |
| 3. Adverse Claim: I | | • | Land or S | Stake Owner/Nota | ary Public | | | |
| Affidavit of Adverse | <u>Claim</u> | . (1 original) | _ | | | | | |
| | | | FEES | PROCESSING | PERSON | | | |
| CLIENT STEPS | AGE | NCY ACTION | TO BE | TIME | RESPONSIBLE | | | |
| 1.0 | | | PAID | 1 | | | | |
| 1. Secure request | | ter and give | None | 1 | | | | |
| from (serve as | | st form to the | | Minute | | | | |
| registration). | | rty owner. | None | 4 | | | | |
| 2. Fill-up & | | ve and check | ivone | 4 Minutes | | | | |
| submit request form together | | mpleteness documents. | | winutes | | | | |
| with the | or the | documents. | | | | | | |
| documentary | | | | | | | | |
| requirements. | | | | | | | | |
| 3. Submit Tax | Cance | اد | None | 5 | Assessment Clerk | | | |
| Declaration with | | nbrance in | 140110 | Minutes | | | | |
| Encumbrance | | x declaration | | Williatoo | Assessor's Office | | | |
| annotated | | Map Control | | | | | | |
| thereon | | ΓMCR) and | | | | | | |
| | | cuments. | | | | | | |
| 4. Receive Tax | Issue | | None 2 | | | | | |
| Declaration with | Decla | ration with | | Minutes | | | | |
| Cancellation & | Cance | ellation & | | | | | | |
| Discharge | Discha | arge | | | | | | |
| annotated | annota | ated thereon | | | | | | |
| | | TOTAL | NONE | 12 N | / linutes | | | |



Annotation of Encumbrances/Notice of Foreclosure

The service provides annotation of encumbrances to the municipal copy of tax declaration such as mortgages, bail bonds and other encumbrances duly supported by legal documents.

| | | 000 | | | | | |
|----------------------------------|---------|----------------------------------|-----------------------|---------------------|-----------------------|--|--|
| Office: | | Office of the Municipal Assessor | | | | | |
| Classification: | | Simple | | | | | |
| Type of Transactio | n: | G2C | | | | | |
| Who may avail: | | All real property ow | ners and/c | or any authorize | ed representatives | | |
| CHECKLIST O | FRE | QUIREMENTS | | WHERE TO | SECURE | | |
| 1. Mortgage: Real E (1 original) | state | Mortgage | Banks or Individua | Lending Instituls | utions/Private | | |
| 2. Bail Bond/Notice | of Fo | reclosure: Bail | Municipa | I/Regional Tria | l Court | | |
| Bond Agreement/No | otice (| of Foreclosure from | | | | | |
| the court. (1 original) |) | | | | | | |
| 3. Adverse Claim: L | etter | request or Affidavit | Land or S | Stake Owner/N | otary Public | | |
| of Adverse Claim. (1 | | | | | • | | |
| CLIENT STEPS | A | GENCY ACTION | FEES TO BE PAID | PROCESSI NG TIME | PERSON RESPONSIBLE | | |
| 1. Secure request | Reg | gister and give | None | 1 | | | |
| form (served as | requ | uest form to the | | Minute | | | |
| Registration) | prop | perty owner. | | | | | |
| 2. Fill-up and | Red | ceive and check the | None | 4 | | | |
| submit request | com | pleteness of the | | Minutes | | | |
| form together with | doc | uments. | | | Accomment Clark | | |
| the documentary | | | | | Assessment Clerk | | |
| requirements. | | | | | Assessor's Office | | |
| 3. Receive Tax | Ann | otated | None | 5 | 7 (330330) 3 OHIOC | | |
| Declaration with | enc | umbrance in the | | Minutes | | | |
| Encumbrance | tax | declaration & Tax | | | | | |
| annotated thereon. | Map | o Control Roll | | | | | |
| | (TM | ICR) and file | | | | | |
| | doc | uments | | | | | |
| | | TOTAL | NONE | 10 | Minutes | | |



Assistance in the Conduct of Subdivision Survey

The service provides an ocular inspection on the Subdivision Survey and likewise settling boundary ownership disputes.

| Office: | | Office of the Mur | nicinal As | 02202 | • | |
|--|----------|--|--|-------|------------------------|---|
| Classification: | | Office of the Municipal Assessor Highly Technical | | | | |
| Type of Transactio | n· | G2C | | | | |
| Who may avail: | ••• | All real property owners. | | | | |
| | ΩE | REQUIREMENT | | | WHEDE | TO SECURE |
| | | | | 1 | | |
| 1. Letter Request of | | , , |) | | | Stake Owner |
| 2. Copy of Tax Decl | araı | ion (i photocopy) | | | | ssor's Office |
| 3.Original Survey Pl | an | | | CEN | RO . | ssor's Office/ |
| 4.Current year tax re | ecei | pt of the lot (1 pho | tocopy) | Muni | cipal Treas | ury Office |
| CLIENT STEPS | AC | SENCY ACTION | FEES BE PA | _ | PROCE SSING TIME | PERSON RESPONSIBLE |
| 1. Secure Request | | bdivision Survey be conducted | None | | 10 Minutes | AC III/LAOO II/ Municipal Assessor Assessor's Office |
| 2. Pay required Fees at the Municipal Treasurer's Office. | & i | ceive payment ssue Official ceipt (O.R.) | Verification fee: PHP 100.00 Ocular Inspection fee: PHP 250.00 | | 3 Minutes | Revenue Collection Clerk Treasury Office |
| 3. Present O.R. to the Receiving & Releasing Officer. | Re | cord O.R. | Non | е | 4 Minutes | AC III/LAOO-II Assessor's Office |
| 4. Contact or inform boundary owners regarding the inspection to be conducted. | | onitor if properly tified | None | | 1 Day | Property Owner & Barangay Officials |
| 5. Actual Subdivision Survey | As co | esence/ sistance in the nduct of bdivision Survey | Non | e | 1 Day | Property Owner, Surveyor, Barangay Officials & Assessor's Representative. |
| | | TOTAL | PHP 35 | 0.00 | 2 Wor | king days & 14 Minutes |



Issuance of Certifications, Certified True & Photo Copies of Property Identification Maps (PIM) and other Documents Related to Subject Real Properties

The service provides different kinds of certifications and other real property documents as requested by property owners for different kinds of purposes.

| Office: | | Office of the Municipal Assessor | | | | | |
|----------------------|-----------------------------------|----------------------------------|-----|----------------|----------------------------|--|--|
| Classification | on: | Simple | | | | | |
| Type of Tra | nsaction: | G2C | | | | | |
| Who may av | vail: | All real property owners. | | | | | |
| CHE | CKLIST OF REQUIRE | MENTS | | WHERE T | O SECURE | | |
| 1. Letter Red | quest of the owner. (1 c | riginal) | De | clared owner/ | S | | |
| | tion Letter if representa | | De | clared owner's | s representative | | |
| 3. Current ta | x receipt of the lot/impr | rovement | Off | ice of the Mur | nicipal Treasurer | | |
| (1 photocopy | /) | | | | | | |
| CLIENT | AGENCY ACTION | FEES TO BE | Ξ | PROCESS | PERSON | | |
| STEPS | | PAID | | ING TIME | RESPONSIBLE | | |
| 1. Secure | Issue request form | None | | 1 | | | |
| request | to the property | | | Minute | AC III/LAOO-II/ | | |
| form. | owner. | . | | 4.5 | Municipal | | |
| 2. Fill-up & | Receive request | None | | 15 | Assessor Assessor's Office | | |
| submit re- | form and verify | | | Minutes | Assessor s Office | | |
| quest form | records needed. | Contifical True | | 3 | | | |
| 3. Pay | Receive payments & issue Official | Certified True | | Minutes | | | |
| required Fees at the | | Copy w/ Doc. | | winutes | | | |
| Municipal | Receipt (O.R.) | Stamps: PHP130.00 | | | | | |
| Treasurer's | | Certified photo | | | Revenue | | |
| Office | | copy of Proper | hv | | Collection Clerk | | |
| Office | | Identification | Ly | | Treasury Office | | |
| | | Map: PHP100.0 | 00 | | | | |
| | | Certification Fe | | | | | |
| | | w/ Doc. Stamps | | | | | |
| | | PHP 130.00 | - | | | | |
| 4. Present | 4.1 Receive, | None | | 10 | AC III /LAOO-II/ | | |
| Official | Record, Verify O.R. | | | Minutes | Municipal | | |
| Receipt to | & Prepare requested | | | | Assessor | | |
| the | documents | | | | Assessor's Office | | |
| Receiving | 4.2 Seek approval of | None | | 2 | LAOO-II/ | | |
| & | the requested | | | Minutes | Municipal | | |
| Releasing | document. | | | | Assessor | | |
| Officer | | | | | Assessor's Office | | |
| 5. Receive | Record & Release | None | | 2 | AC III/LAOO-II | | |
| requested | the requested | | | Minutes | Assessor's Office | | |
| documents | documents | | | | | | |
| | TOTAL | PHP 360.00 |) | 33 | Minutes | | |



Issuance of Tax Declaration for Declared New Building and Machineries

The service provides the property owners for appraisal and assessment of their real properties and has their own Tax Declaration as basis in computing their real property taxes.

| Office: | Office of the Municipal Assessor | | | |
|---|----------------------------------|-----------------------------------|--|--|
| Classification: | Highly Technical | | | |
| Type of Transaction: | G2C | | | |
| Who may avail: | All real property of | owners | | |
| CHECKLIST OF REQU | UIREMENTS WHERE TO SECURE | | | |
| 1. Letter Request of the Owr | ner (1 original) | Declared Owner/s | | |
| 2. Latest Tax Receipt of the improvement is erected (1 p | | Office of the Municipal Treasurer | | |
| 3. Building Permit (1 photoco | ору) | Office of the Municipal Engineer | | |
| 4. Acquisition Receipt (for machinery) or sworn statement declaring the value of the property. (1 photocopy) | | Land or Business Owner | | |

| (1 photocopy) | | | | 555661 |
|---|---|---|--------------------|--|
| CLIENT STEPS | AGENCY ACTION | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
| 1. Secure request | Register & give request form to the property owner. | None | 1 Minute | |
| 2. Fill-up & submit request form together with the documentary requirements | Receive & check the completeness of the document. | None | 5 Minutes | AC III/LAOO-II Assessor's Office |
| 3. Pay required Fees at the Municipal Treasurer's Office | Receive payment & issue Official Receipt (O.R.) | Ocular Inspection Fee PHP 250.00 and verification fee PHP 100.00 | 3 Minutes | Revenue Collection Clerk Treasury Office |
| 4. Present O.R. to the Receiving & Releasing Officer. | Receive, Record & verify O.R. | None | 4 Minutes | AC III/LAOO-II Assessor's Office |



| 5. Presence | 5.1 Conduct | None | | AC III/LAOO-II/ |
|--------------|--------------------------|------------|--------------------|----------------------------------|
| in the | Assessment & | INOTIE | 1 Day | Mun. Assessor & |
| | | | (as per schedule) | Property Owner |
| conduct of | Appraisal | | (do por corrodato) | Assessor's Office |
| Assessment | 5.2 Encode, Print & | None | | , 10000001 0 0 11100 |
| | Sketch on Field | 140110 | 2 Hours & 45 | AC III/LAOO-II |
| | Appraisal & | | Minutes | Assessor's Office |
| | Assessment Sheet | | IVIIIIUIGS | Assessor s Office |
| | | Nisas | | A |
| | 5.3 Assign Property | None | 5 | AC III/LAOO-II Assessor's Office |
| | Index Number (PIN) & | | Minutes | Assessor s Office |
| | Control in the Tax Map | | | |
| | Control Roll (TMCR) | | | |
| | 5.4 Encode & Print Tax | None | 15 | |
| | Declaration | | Minutes | |
| | 5.5 Encode & Print | None | 5 | |
| | Notice of Assessment | | Minutes | |
| | 5.7 Verification of RPT | None | 15 | |
| | payment where the | | Minutes | |
| | bldg./machinery is | | | |
| | erected & annotate at | | | |
| | the back of the new TD | | | |
| | 5.8 Review documents | None | 20 | LAOO-II/ |
| | and other supporting | TVOIC | Minutes | Municipal |
| | | | Williates | Assessor |
| | papers. | | | Assessor's Office |
| | 5.9 Sign and endorse | None | 5 | Municipal |
| | for approval of the | | Minutes | Assessor |
| | Provincial Assessor | | | Assessor's Office |
| | 5.10 Submit documents | None | 1 Day (every | AC III/LAOO-II/ |
| | to Provincial Assessor's | 110110 | Tuesday) | Municipal |
| | Office for the approval | | 1 desday) | Assessor |
| | of the Provincial | | | Assessor's Office |
| | | | | |
| | Assessor | - | 4.11. | DTO 04-# |
| | 5.11 Pay corresponding | Fees to be | 1 Hour | PTO Staff Office of the |
| | fees as per Provincial | paid as | | Provincial |
| | Ordinance | per | | Treasurer |
| | | Provincial | | Heasulei |
| | | Ordinance | | |
| | 5.12 Process and | None | 10 Working | Elsie A. Tajon, |
| | approval of documents | | Days, if | REA |
| | | | documents are | Provincial |
| | | | complete | Assessor's Office |
| | 5.13 Receive, | None | 30 | |
| | Segregate, Record, | | Minutes | |
| | Control and File the | | | |
| | Documents | | | AC III/LAOO-II |
| 6. Follow-up | Release the Tax | None | 2 | Assessor's Office |
| & receive | Declaration | 1,13113 | Minutes | |
| | | 1 | IVIIIIUUU | l l |
| Tax | | | | |



| Declaration to the | | | | |
|-----------------------|-------|--------|---------------|------------------|
| Receiving & Releasing | | | | |
| officer | | | | |
| | TOTAL | PHP | 12 Working da | ys, 4 Hours & 57 |
| | | 350.00 | Minutes | |



Issuance of Tax Declaration for Declared New Land

The service provides the property owners appraisal and assessment of their real properties and have their own Tax Declaration as basis in computing their real property taxes.

| Office: | | Office of | of the Municipa | l Assessor | | |
|---|---|---------------------|---|---------------------|--|--|
| Classification: | | Highly ⁻ | Technical | | | |
| Type of Transaction | e of Transaction: G2C | | | | | |
| Who may avail: | | All real | property owne | rs | | |
| CHECKLIS | ST OF REQ | UIREME | NTS | WHERE | TO SECURE | |
| 1. Letter Request of | | | | Declared Ow | ner/s | |
| 2. RPT of ten (10) y | | | | Office of the I | Municipal | |
| year tax receipt of t | | |) | Treasurer | | |
| 3. Affidavit of Owne | | | | Notary Public | | |
| 4. Affidavit of Adjoin | | | | Notary Public | | |
| 4. Certification of the | | | | Barangay Ha | | |
| 5. Sketch Plan with | | | nable & | | invironment and | |
| Disposable & Statu | | | | Natural Reso | urces (CENRO) | |
| 6. Certification of the Municipal Mayo | | | or noted by | Office of the I | Municipal Assessor | |
| CLIENT STEPS | AGEN ACTIO | | FEES TO BE PAID | PROCESSI NG TIME | PERSON RESPONSIBLE | |
| 1. Secure Request | Register 8 request fo the proper owner | rm to | None | 1 Minute | | |
| 2. Fill-up & submit request form together with the documentary requirements | Receive & the completer the docum | ess of | None | 5 Minutes | AC III/LAOO-II Assessor's Office | |
| 3. Pay required Fees at the Municipal Treasurer's Office | Receive payment & Official Re (O.R.) | | Ocular Inspection Fee PHP 250.00 & verification fee PHP100.00 | 3 Minutes | Revenue Collection Clerk Treasury Office | |
| 4. Present O.R. to the Receiving & Releasing Officer. | Receive, I & verify O | | None | 4 Minutes | AC III/LAOO-II Assessor's Office | |



| E Contact or | Monitor if | None | 1 Dov | | |
|--|--|------|-------------------------------|---|--|
| 5. Contact or inform boundary owners regarding the inspection to be conducted. | properly notified | None | 1 Day | Assessor's Staff Assessor's Office | |
| 6. Presence in the conduct of the ocular Inspection | 6.1 Conduct Ocular Inspection | None | 1 Day (as per schedule) | Property Owner, Barangay Officials & Assessor's Staff Representative | |
| | 6.2 Encode, Print & Sketch Field Appraisal & Assessment Sheet (FAAS) | None | 2 Hours & 45 Minutes | | |
| | 6.3 Assign Property Index Number (PIN) & Control in the Tax Map Control Roll (TMCR) | None | 5 Minutes | | |
| | 6.4 Encode & Print Tax Declaration | None | 15 Minutes | AC III/LAOO-II Assessor's Office | |
| | 6.5 Encode & Print Notice of Assessment | None | 5 Minutes | | |
| | 6.6 Verification of RPT payment where the BLDG./machiner y is erected & annotate at the back of the new TD | None | 15 Minutes | | |
| | 6.7 Review documents and other supporting papers. | None | 20 Minutes | LAOO-II/Municipal Assessor Assessor's Office | |
| | 6.8 Sign and endorse for approval of the Provincial Assessor | None | 5 Minutes | Municipal Assessor Assessor's Office | |
| | 6.9 Submit documents to Provincial Assessor's Office for the approval | None | 1 Day (every Tuesday) | AC III/LAOO- II/Municipal Assessor Assessor's Office | |



| | TOTAL | PHP350.00 | 13 Working o | days & 5 Hours |
|---|--|---|--|--|
| 7. Follow-up & receive Tax Declaration to the Receiving & Releasing officer | Record & Release the Tax Declaration | None | 2 minutes | Assessor's Office |
| | 6.12 Receive, Segregate, Record, Control and File the Documents | None | 33 Minutes | AC III/LAOO II |
| | 6.11 Process and approval of documents | None | 10 Working Days, if documents are complete | Elsie A. Tajon, REA Provincial Assessor's Office |
| | of the Provincial Assessor 6.10 Pay corresponding fees as per Provincial Ordinance | Fees to be paid as per Provincial Ordinance | 1 Hour | PTO Staff Office of the Provincial Treasurer |



Issuance of Tax Declaration for Identification of Unknown Lots

The service provides the property owners appraisal and assessment of their real properties and have their own Tax Declaration as basis in computing their real property taxes.

| Office: Office of the Municipal Assessor | | | | | | |
|--|---|------------|--|------|-------------------------------|--|
| Classification: | Highly Technical | | | | | |
| Type of Transaction | G2C | G2C | | | | |
| Who may avail: | | All real | property o | wner | S. | |
| CHECKLIST | OF REQUIF | REMENT | rs | | WHERE T | O SECURE |
| 1. Letter Request of t | he Owner (1 | original |) | Dec | clared Owner | r/s |
| 2. Current year tax re | eceipt of the | lot (1 pho | otocopy) | | | nicipal Treasurer |
| 3. Alienable & Dispos | sable Certific | ation (1 | original) | | ural Resourc | ironment and es |
| CLIENT STEPS | AGEN ACTIO | _ | FEES T BE PAI | | PROCES SING TIME | PERSON RESPONSIBLE |
| 1. Secure Request | Register & give request form to the property owner. | | None | | 1 Minute | AC III/LAOO II |
| 2. Fill-up & submit request form together with the documentary requirements. | Receive & check the completeness of the documents. | | None | | 5 Minutes | Assessor's Office |
| 3. Pay required Fee at the Municipal Treasurer's Office. | Receive payment & issue Official Receipt (O.R.) | | Verification fee: PHP100.00/ Ocular Inspection fee PHP250.00 | | 3 Minutes | Revenue Collection Clerk Treasury Office |
| 4. Present O.R. to the Receiving & Releasing Officer. | Receive, R & verify O. | | None | | 4 Minutes | |
| 5. Contact or inform boundary owners regarding the inspection to be conducted. | Monitor if p notified | oroperly | None | | 1 Day | AC III/LAOO-II Assessor's Office |
| 6. Presence in the conduct of the ocular Inspection | 6.1 Conduc Ocular Insp | | None | | 1 Day (as per schedule) | Property Owner, Barangay Officials & Assessor's Staff Representative |



| | T | | | |
|---------------------------------------|--|---|-----------------------------|--|
| | 6.2 Prepare, Print | None | 1 Hour & | AC III/LAOO-II |
| | & Sketch Field | | 45 | Assessor's Office |
| | Appraisal & | | Minutes | |
| | Assessment | | | |
| | Sheet (FAAS) | | | |
| | 6.3 Assign | None | 5 Minutes | |
| | | NOHE | 3 Millates | |
| | Property Index | | | |
| | No. (PIN) & | | | |
| | Control in the Tax | | | |
| | Map Control Roll | | | |
| | (TMCR) | | | |
| | 6.4 Encode & | None | 15 | |
| | Print Tax | | Minutes | |
| | Declaration | | | |
| | 6.5 Encode & | None | 5 Minutes | AC III/LAOO-II |
| | Print Notice of | INOHE | J MILITURES | Assessor's Office |
| | | | | Maacaaul a Ullice |
| | Assessment | N. 1 | 4 - | |
| | 6.6 Verification of | None | 15 | |
| | RPT payment | | Minutes | |
| | where the | | | |
| | bldg./machinery is | | | |
| | erected & | | | |
| | annotate at the | | | |
| | back of the new | | | |
| | TD | | | |
| | 6.7 Review | None | 20 | LAOO- |
| | | none | _ | |
| | documents and | | Minutes | II/Municipal Assessor |
| | other supporting | | | Assessor's Office |
| · · · · · · · · · · · · · · · · · · · | | | | |
| | papers. | | | |
| | papers. 6.8 Sign and | None | 5 Minutes | Municipal |
| | | None | 5 Minutes | |
| | 6.8 Sign and endorse for | None | 5 Minutes | Municipal |
| | 6.8 Sign and endorse for approval of the | None | 5 Minutes | Municipal Assessor |
| | 6.8 Sign and endorse for approval of the Provincial | None | 5 Minutes | Municipal Assessor |
| | 6.8 Sign and endorse for approval of the Provincial Assessor | | | Municipal Assessor Assessor's Office |
| | 6.8 Sign and endorse for approval of the Provincial Assessor 6.9 Submit | None None | 1 Day | Municipal Assessor Assessor's Office |
| | 6.8 Sign and endorse for approval of the Provincial Assessor 6.9 Submit documents to | | 1 Day (every | Municipal Assessor Assessor's Office AC III/LAOO- II/Municipal |
| | 6.8 Sign and endorse for approval of the Provincial Assessor 6.9 Submit documents to Provincial | | 1 Day | Municipal Assessor Assessor's Office AC III/LAOO- II/Municipal Assessor |
| | 6.8 Sign and endorse for approval of the Provincial Assessor 6.9 Submit documents to Provincial Assessor's Office | | 1 Day (every | Municipal Assessor Assessor's Office AC III/LAOO- II/Municipal |
| | 6.8 Sign and endorse for approval of the Provincial Assessor 6.9 Submit documents to Provincial | | 1 Day (every | Municipal Assessor Assessor's Office AC III/LAOO- II/Municipal Assessor |
| | 6.8 Sign and endorse for approval of the Provincial Assessor 6.9 Submit documents to Provincial Assessor's Office | | 1 Day (every | Municipal Assessor Assessor's Office AC III/LAOO- II/Municipal Assessor |
| | 6.8 Sign and endorse for approval of the Provincial Assessor 6.9 Submit documents to Provincial Assessor's Office for the approval of the Provincial | | 1 Day (every | Municipal Assessor Assessor's Office AC III/LAOO- II/Municipal Assessor |
| | 6.8 Sign and endorse for approval of the Provincial Assessor 6.9 Submit documents to Provincial Assessor's Office for the approval of the Provincial Assessor | None | 1 Day (every Tuesday) | Municipal Assessor Assessor's Office AC III/LAOO- II/Municipal Assessor Assessor's Office |
| | 6.8 Sign and endorse for approval of the Provincial Assessor 6.9 Submit documents to Provincial Assessor's Office for the approval of the Provincial Assessor 6.9 Pay | None Fees to be | 1 Day (every | Municipal Assessor Assessor's Office AC III/LAOO- II/Municipal Assessor Assessor's Office |
| | 6.8 Sign and endorse for approval of the Provincial Assessor 6.9 Submit documents to Provincial Assessor's Office for the approval of the Provincial Assessor 6.9 Pay corresponding | None Fees to be paid as per | 1 Day (every Tuesday) | Municipal Assessor Assessor's Office AC III/LAOO- II/Municipal Assessor Assessor's Office PTO Staff Office of the |
| | 6.8 Sign and endorse for approval of the Provincial Assessor 6.9 Submit documents to Provincial Assessor's Office for the approval of the Provincial Assessor 6.9 Pay corresponding fees as per | None Fees to be paid as per Provincial | 1 Day (every Tuesday) | Municipal Assessor Assessor's Office AC III/LAOO- II/Municipal Assessor Assessor's Office PTO Staff Office of the Provincial |
| | 6.8 Sign and endorse for approval of the Provincial Assessor 6.9 Submit documents to Provincial Assessor's Office for the approval of the Provincial Assessor 6.9 Pay corresponding fees as per Provincial | None Fees to be paid as per | 1 Day (every Tuesday) | Municipal Assessor Assessor's Office AC III/LAOO- II/Municipal Assessor Assessor's Office PTO Staff Office of the |
| | 6.8 Sign and endorse for approval of the Provincial Assessor 6.9 Submit documents to Provincial Assessor's Office for the approval of the Provincial Assessor 6.9 Pay corresponding fees as per | None Fees to be paid as per Provincial | 1 Day (every Tuesday) | Municipal Assessor Assessor's Office AC III/LAOO- II/Municipal Assessor Assessor's Office PTO Staff Office of the Provincial |
| | 6.8 Sign and endorse for approval of the Provincial Assessor 6.9 Submit documents to Provincial Assessor's Office for the approval of the Provincial Assessor 6.9 Pay corresponding fees as per Provincial | None Fees to be paid as per Provincial | 1 Day (every Tuesday) | Municipal Assessor Assessor's Office AC III/LAOO- II/Municipal Assessor Assessor's Office PTO Staff Office of the Provincial |
| | 6.8 Sign and endorse for approval of the Provincial Assessor 6.9 Submit documents to Provincial Assessor's Office for the approval of the Provincial Assessor 6.9 Pay corresponding fees as per Provincial | None Fees to be paid as per Provincial | 1 Day (every Tuesday) | Municipal Assessor Assessor's Office AC III/LAOO- II/Municipal Assessor Assessor's Office PTO Staff Office of the Provincial |
| | 6.8 Sign and endorse for approval of the Provincial Assessor 6.9 Submit documents to Provincial Assessor's Office for the approval of the Provincial Assessor 6.9 Pay corresponding fees as per Provincial | None Fees to be paid as per Provincial | 1 Day (every Tuesday) | Municipal Assessor Assessor's Office AC III/LAOO- II/Municipal Assessor Assessor's Office PTO Staff Office of the Provincial |



| | 6.10 Process and approval of documents | None | 10 Working Days, if document s are complete | Elsie A. Tajon, REA Provincial Assessor's Office |
|---|--|-----------|---|---|
| | 6.11 Receive & Control the Documents | None | 33 Minutes | AC III/LAOO II Assessor's Office |
| 7. Follow-up & receive Tax Declaration to the Receiving & Releasing officer | Record & Release the Tax Declaration | None | 2 Minutes | AC III/LAOO-II Assessor's Office |
| | TOTAL | PHP350.00 | 13 Working days & 5 Hours | |



Issuance of Tax Declaration for Omitted Properties (GR), Area Verification and Re-classification of actual use

The service provides the property owner an updated appraisal and assessment of their real properties and have their own Tax declaration as basis in computing their real property.

| Office: | | Office of the Municipal Assessor | | | icipal Assessor | |
|--|--|----------------------------------|--|-------|------------------------------------|--|
| Classification: | | Highly Technical | | | | |
| Type of Transactio | | G2C | | | | |
| Who may avail: | | | real prope | rty o | wners. | |
| CHECKLIST (| OF REQUIREM | IEN. | TS | | WHERE TO S | |
| 1. Letter Request of | | | nal) | Lar | nd Owner or Stake | Owner |
| 2. Current year tax r (1 photocopy) | eceipt of the lot | t | | Offi | ice of the Municipa | al Treasurer |
| 3. Affidavit of Owner | ship (1 original) |) | | Not | tary Public | |
| 4. Affidavit of Adjoin | | | | | tary Public | |
| 5. Alienable and Dis (1 Original) | posable Certific | catic | n | | mmunity Environm sources Office | nent and Natural |
| CLIENT STEPS | AGENCY ACTION | | FEES T BE PAI | | PROCESSING TIME | PERSON RESPONSIBL E |
| 1. Secure Request | Register & giv request form t the property owner. | | None | | 1 Minute | AC III/LAOO II |
| 2. Fill-up & submit request form together with the documentary requirements. | Receive & check the completeness of the documents. | } | None | | 3 Minutes | Assessor's Office |
| 3. Pay required Fee at the Municipal Treasurer's Office. | Receive payment & issue Official Receipt (O.R.) |) | Verification fee: PHP100.00 Ocular Inspection fee PHP 250.00 | | 3 Minutes | Revenue Collection Clerk Treasury Office |
| 4. Present O.R. to the Receiving & Releasing Officer. | Record O.R. | None | | ! | 4 Minutes | AC III/LAOO-II Assessor's Office |
| 5. Contact or inform boundary owners regarding the inspection to be conducted. | Monitor if properly notifice 6.1 Conduct | None | | | 1 Day | Assessor's Staff Assessor's Office |
| 6. Presence in the | o. i Conduct | | None | ! | 1 Day (as | Property |



| and that of the | Oculor | | nor ochodulo) | Ouror |
|----------------------------------|---|------------|--------------------------|--|
| conduct of the ocular Inspection | Ocular Inspection | | per schedule) | Owner, Barangay Officials & Assessor's Staff Representative |
| | 6.2 Encode, Print & Sketch Field Appraisal & Assessment Sheet (FAAS) | None | 1 Hour & 45 Minutes | |
| | 6.3 Assign Property Index Number (PIN) & Control in the Tax Map Control Roll (TMCR) | None | 5 Minutes | AC III/LAOO-II |
| | 6.4 Encode and Print Tax Declaration | None | 15 Minutes | Assessor's Office |
| | 6.5 Encode & Print Notice of Assessment | None | 5 Minutes | |
| | 6.6 Verification of RPT payment where the bldg./machinery is erected & annotate at the back of the new TD | None | 15 Minutes | |
| | 6.7 Review documents and other supporting papers. | None | 20 Minutes | LAOO- II/Municipal Assessor Assessor's Office |
| | 6.8 Sign and endorse for approval of the Provincial Assessor | None | 5 Minutes | Municipal Assessor Assessor's Office |
| | 6.9 Submit documents to Provincial Assessor's Office for the approval of the Prov. Assessor | None | 1 Day (every Tuesday) | AC III/LAOO- II/Municipal Assessor Assessor's Office |
| | 6.10 Pay | Fees to be | 1 Hour | PTO Staff |



| | corresponding fees as per Provincial Ordinance | paid as per Provincial Ordinance | | Office of the Provincial Treasurer |
|---|---|--|---|---|
| | 6.11 Process and approval of documents | None | 10 Working Days, if documents are complete | Elsie A. Tajon, REA Office of the Provincial Assessor |
| | 6.12 Receive & Control the Documents | None | 33 Minutes | 40 W/ 400 W |
| 7. Follow-up & receive Tax Declaration to the Receiving & Releasing officer | Record & Release the Tax Declaration | None | 2 Minutes | AC III/LAOO II Assessor's Office |
| | TOTAL | PHP350.00 | 13 Working da | ys & 5 Hours |



Issuance of Tax Declaration for Transfer of Ownership

The service provides the property owners appraisal and assessment of their real properties and have their own Tax Declaration as basis in computing their real property taxes.

| Office: | Of | Office of the Municipal Assessor | | | | |
|--|--|---|---------|---------------------|--|--|
| Classification: | | hly Technical | | pa. 7 (000000) | | |
| Type of Transacti | | | | | | |
| Who may avail: | | real property | ow | ners. | | |
| CHECKLIS1 | OF REQUIREM | | | WHERE TO | SECURE | |
| 1. Letter Request of | of the Owner (1 o | riginal) | D | eclared Owner/s | | |
| 2. Current year tax photocopy) | receipt of the lot | (1 | 0 | ffice of the Munici | pal Treasurer | |
| 3. Deed of Convey Transfer for titles P | | | Ν | Notary Public duly | registered | |
| 4. Transfer Fee Re | | | О | ffice of the Provin | cial Treasurer | |
| 5. Certificate autho (1 original) | rizing registration | | В | ureau of Internal F | Revenue | |
| CLIENT STEPS | AGENCY ACTION | FEES TO BE PAID | | PROCESSING TIME | PERSON RESPONSIBLE | |
| 1. Secure Request | Register & give request form to the property owner. | None | | 1 Minute | | |
| 2. Fill-up & submit request form together with the documentary requirements. | Receive & check the completeness of the documents. | INIONA | | 3 Minutes | AC III/LAOO-II Assessor's Office | |
| 3. Pay required Fee at the Municipal Treasurer's Office. | Receive payment & issue Official Receipt (O.R.) | Verification fee: PHP100.0 Ocular Inspection fee PHP250.0 | 0/ n | 3 Minutes | Revenue Collection Clerk Treasury Office | |
| 4. Present O.R. to the Receiving & Releasing Officer. | Record O.R. | None | | 4 Minutes | AC III/LAOO-II Assessor's Office | |



| 5. Contact or inform boundary owners regarding the inspection to be conducted. | Monitor if properly notified | None | 1 Day | |
|--|---|------|----------------------------|---|
| 6. Presence in the conduct of the ocular Inspection | 6.1 Conduct Ocular Inspection | None | 1 Day (as per schedule) | Property Owner, Barangay Official & Assessor's Staff Representative |
| | 6.2 Encode, Print & Sketch Field Appraisal & Assessment Sheet (FAAS) | None | 1 Hour & 45 Minutes | AC III/LAOO-II Assessor's Office |
| | 6.3 Assign Property Index No. (PIN) & Control in the Tax Map Control Roll (TMCR) | None | 5 Minutes | AC III/LAOO II Assessor's Office |
| | 6.4 Encode and Print Tax Declaration | None | 15 Minutes | |
| | 6.5 Encode & Print Notice of Assessment | None | 5 Minutes | |
| | 6.6 Verification of RPT payment where the bldg./machinery is erected & annotate at the back of the new TD | None | 15 Minutes | |
| | 6.7 Review documents and other supporting papers. | None | 20 Minutes | Municipal Assessor/LAOO-II Assessor's Office |
| | 6.8 Sign and endorse for approval of the Provincial Assessor | None | 5 Minutes | Municipal Assessor Assessor's Office |
| | 6.9 Submit documents to | None | 1 Day (every Tuesday) | AC III/LAOO- II/Municipal Assessor |



| Receiving & Releasing officer | TOTAL | PHP350.00 | 13 Working d | Assessor ays & 5 Hours |
|---|--|--------------|---|---|
| 7. Follow-up & receive Tax Declaration to the | Record & Release the Tax Declaration | None | 2 Minutes | AC III/LAOO II Office of the Municipal |
| | Assessor's Office for the approval of the Provincial Assessor 6.10 Process and approval of documents 6.11 Receive & Control the Documents | None None | 10 Working Days, if documents are complete 33 Minutes | Elsie A. Tajon, REA Office of the Provincial Assessor AC III/LAOO II Office of the Municipal Assessor |
| | Provincial | | | Assessor's Office |



OFFICE OF THE MUNICIPAL ASSESSOR

Internal Services



Inventory/ Assessment of Government Properties

The service provides inventories/assessments of those properties be declared to have TD for filing and references.

| Office: | | Office of the Municipal Assessor | | | | | |
|---|---|----------------------------------|-----------------------|-------------------------|--|--|--|
| Classification | | Highly Tec | hnical | | | | |
| Type of Trans | | G2G | | | | | |
| Who may avai | | | and Barang | gay Official/CO | | | |
| | OF REQUIRE | EMENTS | | WHERE TO | | | |
| Building Plan/ I | Project Cost | | | r or the End-us | ser | | |
| CLIENT STEPS | AGENCY | ACTION | FEES TO BE PAID | PROCESSI NG TIME | PERSON RESPONSIBLE | | |
| 1. Submit requirements | 1.1 Ocular In of documents photocopy of project | s and | None | 8 hours | | | |
| | 1.2 Encode a FAAS and sk the TMCR | etch in | None | 2 hours & 45 minutes | All Assessor's personnel Assessor's Office | | |
| | 1.3 Assigning control in the | | None | 5 minutes | | | |
| | 1.4 Encode a | | None | 15 minutes | | | |
| | 1.5 Endorse Approval | to PAO for | None | 8 hours | ELSIE A. TAJON, REA Office of the Provincial | | |
| | 1.6 Procession approval of D | • | None | 10 Working Days | Assessor | | |
| | 1.7 Receive, segregate, Record, Control and File the Documents | | None | 33 minutes | All Assessor's Personnel Assessor's Office | | |
| 2. Follow-up and Receive Approved TD to the Receiving and Releasing Officer | Release/Issu approved TD | | None | 2 minutes | | | |
| | | TOTAL | None | 10 Working | days & 19 Hours & 40 minutes | | |



Issuance of Owner's Duplicate Copy of Titles of Government Properties

The service provides safe keeping and for filing those documents.

| Office: | Offi | Office of the Municipal Assessor | | | | |
|-----------------------------------|---|----------------------------------|-----------------------|---------------------|--------------------------------------|--|
| Classification: | Sim | Simple | | | | |
| Type of Transactio | n: G20 | G2G | | | | |
| Who may avail: | Ger | neral Services C | Officer (GS | SO) | | |
| CHECKLIST O | F REQUIR | EQUIREMENTS WHERE TO SECURE | | | SECURE | |
| None | | | None | | | |
| CLIENT STEPS | AGENCY ACTION | | FEES TO BE PAID | PROCESSI NG TIME | PERSON RESPONSIBLE | |
| Submit request | Receive and verify requested document | | None | 1 minute | LAOO-II Office of the Mun. Assessor. | |
| 2. Receive and File the documents | Issue Titles of Government Properties | | None | 1 minute | GSO Office of the GSO | |
| | | TOTAL | NONE | 2 | minutes | |



OFFICE OF THE MUNICIPAL PLANNING & DEVELOPMENT COORDINATOR

External Services



Issuance of Locational Clearance

A Locational Clearance from the Office of the MPDC is a pre-requirements in securing Building and Fencing Permits from the Municipal Engineering Office. The Clearance becomes null and void if work does not commence within 1 year from the date of decision, any complaints against the issuance of the Locational Clearance found valid after due hearing and any misrepresentation/false allegation material to the issuance. All provisions stated in the issuance of the Locational Clearance shall strictly conform to the requirements of the National Building Code of the Philippines and other related laws.

| Office or Division: | Office of Municipa | Office of Municipal Planning & Development Coordinator | | | | | |
|--|--------------------------|--|---|---------------|-------------------------|--|--|
| Classification: | Simple | | | | | | |
| Type of Transactio | n: G2C, G2B, G2G | G2C, G2B, G2G | | | | | |
| Who may avail: | All individuals, bu | ısine | ess establ | ishments and | government | | |
| | entities needing L | _OC8 | ational Cle | earance | | | |
| CHECKLIST O | F REQUIREMENTS | | | WHERE TO | SECURE | | |
| 1. Certified True cop | y of Tax Declaration o | f | Office of | the Municipal | Assessor | | |
| land (1 Original Cop | | | | | | | |
| 2. Official Receipt of | Real Property Tax | | Office of | the Municipal | Treasurer | | |
| Payment (latest) | | | | | | | |
| 3. Duly accomplishe | | | | the Municipal | | | |
| application for Locat | ional Clearance | | | ment Coordina | ator | | |
| (3 Original Copy) | | | Notary F | | | | |
| | ship and/or Affidavit of | : | | the Municipal | | | |
| | is not the land owner | | Develop | ment Coordina | ator | | |
| forms are available a | ` | | | | | | |
| Original Copy Duly N | | | | | | | |
| 5. Barangay Clearar | ice | | Barangay where the property/ lot is located | | | | |
| 6. One (1) set of Pla estimated cost (1 Or | ns, specifications and | | Applicant | | | | |
| 7. Duly accomplishe | d Location Map (forms | ; | Office of the Municipal Planning & | | | | |
| available at the OMF | , | | Development Coordinator | | | | |
| 8. Duly accomplishe | | ' | Office of the Municipal Engineer | | | | |
| • | t [for Fencing Permit] (| (3 | Notary F | 'upiic | | | |
| Original Copy) | | | EES TO | PROCESSI | PERSON | | |
| CLIENT STEPS | AGENCY ACTION | | EES 10 BE PAID | NG TIME | RESPONSIBLE | | |
| 1. Sign in Client | Assist client in | | one | 2 minutes | | | |
| Log Book | signing in the Client | | | | | | |
| | Log Book | | | | MPDC/ PDO II | | |
| 2. Submit | Evaluates and verify | No | one | 15 minutes | Municipal Planning & | | |
| Requirements for | the submitted | | | | Development | | |
| verification and | requirements and | | | | Office | | |
| get schedule for | give schedule of | | | | | | |
| site inspection | zoning inspection | | | | | | |



| 3. Site Inspection. Wait for the Zoning Officer to Inspect the Project | 3.1 Inspect the proposed site for building/fencing construction. | None | 1 Hour | |
|--|---|----------------------------|---------------|--|
| site | 3.2 Gives Order of Payment | Refer to Table below | 3 Minutes | MTO Staff Treasury Office |
| 4. Return to the OMPDC, Gives Official Receipt and wait for the processing of your documents | Receives Official Receipt, encoded and print Locational Clearance then signed by Zoning Officer/MPDO | None | 5 Minutes | <i>MPDC/ PDO II</i> Municipal Planning & |
| 5. Receives approved and signed Locational Clearance. | Record the Locational Clearance in the logbook and give it to the Client. | None | 1 Minute | Development Office |
| | Refer to Table Below | 1 Hour a | nd 26 Minutes | |

| 201150111 5 05 5550 500 7011110 | W COATIONAL OLEADANOE |
|---|---------------------------------------|
| SCHEDULE OF FEES FOR ZONING | 6/LOCATIONAL CLEARANCE |
| A. Single residential structure attached or | |
| detached | |
| 1. Php 100,000.00 & below | Php 288.00 |
| 2. Over Php 100,000.00 to Php | Php 576.00 |
| 200,000.00 | · |
| 3. Over Php 200,000.00 | Php 720.00 + (1/10 of 1% on excess |
| ' ' | of Php200,000.00) |
| B. Apartments/Townhouses | , |
| 1. Php 500,000.00 & below | Php 1,1440.00 |
| 2. Over Php 500,000.00 to Php | Php 2,160.00 |
| 2,000,000.00 | • • |
| 3. Over Php 2 Million | Php 3,600.00 + (1/10 of 1% on |
| ' | excess of Php 2 Million regardless of |
| | the number of floors) |
| C. Dormitories | , |
| 1. Php 2 Million and below | Php 3,600.00 |
| 2. Over 2 Million | Php 3,600.00 + (1/10 of 1% on |
| | excess of Php2 Million) |
| D. Institutional | , |
| Project Cost of which is: | |
| 1. Below Php 2 Million | Php 2,880.00 |
| 2. Over Php 2 Million | Php 2,880.00 + (1/10 of 1% on |
| ' | excess of Php 2 Million) |
| L | . , |



| E. Commercial, Industrial and Agro-industrial | |
|---|----------------------------------|
| Project Cost of which is: | |
| 1. Below Php 100,000.00 | Php 1,140.00 |
| 2. Over Php 100,000.00 - Php | Php 2,160.00 |
| 500,000.00 | Php 2,880.00 |
| 3. Over Php 500,000.00 | Php 4,320.00 |
| 4. Over Php 1 Million - Php 2 Million | Php 7,200.00 + (1/10 of 1% on |
| 5. Over Php 2 Million | excess of Php 2 Million) |
| F. Special Uses/Special Projects | |
| (Gasoline Station, Cell Sites, Slaughter | |
| House, Treatment Plants, etc.) | |
| 1. Below Php 2 Million | Php 7,200.00 |
| 2. Over 2 Million | Php 7,200.00 + (1/10 of 1% on |
| | excess of Php 2 Million) |
| G. Alteration/Expansion (affected areas/cost | Same as the original application |
| only) | |



Issuance of Zoning Certificate

The Zoning Officer will certify as to the use of the subject property/land as reflected from the approved Comprehensive Land use Plan and Zoning Ordinance of the municipality.

| Office or Division | | Office of the Municipal Planning & Development Coordinator (OMPDC) | | | | |
|---|--|--|----------------|---|---------------------|--|
| Classification: | | Simple | | | | |
| Type of Transaction | on: | G2C, G2B, G | 2G | | | |
| Who may avail: | | All individuals | s, b | usiness esta | blishments and | d government |
| | | entities need | ing | Zoning Certi | ificate | |
| CHECKLIST OF | REQ | UIREMENTS | | | WHERE TO SE | |
| Tax Declaration Copy) | n of I | and (1 Origir | nal | Office of the | e Municipal Ass | sessor |
| Official Receipt Payment (latest | | eal Property T | ax | Office of the | e Municipal Tre | easurer |
| 3. Vicinity Map | | | | Applicant | | |
| 4. Duly accompli | shed | and notariz | ed | Office of the | e Municipal Pla | inning & |
| application for | Zonin | g Certificate | (3 | Developme | ent Coordinator | |
| Original Copy) | | | | Notary Pub | | |
| CLIENT STEPS | | AGENCY | FE | ES TO BE | PROCESSI | PERSON |
| | | CTIONS | | PAID | NG TIME | RESPONSIBLE |
| 1. Proceed to the OMPDC, present a valid identification card (ID). Sign in Client Log Book then request for Zoning Certificate 2. Submit Requirements | signii Clien then back interv Evalu verify subm | uates and the nitted | | one | 3 Minutes 3 Minutes | MPDC/ PDO II Municipal Planning & Development Office |
| 3. Get order of Payment and Pay Certification fee at the Treasury Office. | | rements s Order of nent | Fe Ph Do | ecretaries ee: HP 85.00 oc. Stamp: HP 30.00 | 3 Minutes | MTO Staff Office of the Municipal Treasurer |
| 4. Return to the OMPDC and gives Official Receipt and wait for your request to be process. | Rece and p Certification | eives Official eipt, encoded orint Zoning ficate then ed by Zoning er/ MPDO | No | one | 2 Minutes | MPDC/ PDO II Municipal Planning & Development Office |



| 5. Return to the OMPDC, Gives Official Receipt and wait for the processing of your documents | Record the Zoning Certificate in the logbook and give it to the Client. | None | 1 Minute | MPDC/ PDO II Municipal Planning & Development Office |
|--|---|------------|----------|---|
| | TOTAL: | PHP 105.00 | 12 r | ninutes |



Issuance of Zoning Clearance for Business Permit (New)

Business enterprises are required to secure Zoning Clearance from the OMPDC before the start of commercial operations. This is part of the process of securing a Business License/Mayor's Permit.

| Office or Division: | Office of th (OMPDC) | Office of the Municipal Planning & Development Coordinator (OMPDC) | | | | |
|--|---|---|---|---------------------|---|--|
| Classification: | Simple | Simple | | | | |
| Type of Transactio | n: G2C, G2B | | | | | |
| Who may avail: | | All individuals, business establishments and government entities needing Zoning Clearance for their business permit (new) | | | | |
| CHECKLIST | OF REQUIREME | NTS | | WHERE TO | SECURE | |
| 1. Tax Declaration | of and (1 Original | Copy) | 0 | Office of the Munic | ipal Assessor | |
| Official Receipt of Payment (latest) | of Real Property T | ax | 0 | Office of the Munic | ipal Treasurer | |
| 3. Duly accomplishe | d and notarized a | pplication | Ν | lunicipal Planning | & Development | |
| for Zoning Certificate | e (1 Original Copy | /) | 0 | Office, Notary Pub | lic | |
| lessee (1 Original C | Сору) | onsent, if applicant is a Applicant | | | | |
| Original Copy) | | about the business (1 Applicant | | | | |
| 6. Sketch of Location | | | | | | |
| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | 1 | PROCESSING TIME | PERSON RESPONSIBLE | |
| 1. Sign in Client Log Book | Assist client in signing in the Client Log Book | None | | 3 Minutes | | |
| 2. Submit Requirements for verification and get schedule of zoning inspection | Evaluates and verify the submitted requirements | | | 3 Minutes | MPDC/ PDO II Municipal Planning & Development Office | |
| 3. Site Inspection. Wait for the Zoning Officer to inspect your business establishment | Inspect the business establishment | None | | 1 Hour | S55 | |



| 4. Return to the OMPDC and wait for the request to be processed | Process Zoning Clearance then signed by Zoning Officer/MPDO | None | 3 Minutes | |
|--|---|--|-----------|--|
| 5. Get order of Payment and Pay Certification fee at the Treasury Office. | Gives Order of Payment | Certification Fee: PHP 85.00 Doc. Stamp.: PHP 30.00 | 3 Minutes | MTO Staff Treasury Office |
| 6. Return to the OMPDC, Gives Official Receipt and wait for the processing of your documents | Record the Zoning Certificate in the logbook and give it to the Client. | None | 1 Minute | MPDC/ PDO II Municipal Planning & Development Office |
| | TOTAL: | PHP 115.00 | 1 Hour & | 15 Minutes |



Provision of Technical Assistance in the Preparations of Project Proposals and Training Designs

The MPDO provides technical assistance to Barangays, Non-Government Organizations, and other offices within the municipality in the preparation of projects proposals, training designs and other skills training programs.

| Office or Division: | Office of the I | Office of the Municipal Planning & Development Coordinator | | | | |
|---------------------------------------|----------------------------|--|---------------------|------------------|--|--|
| Classification: | Complex | 1 | | | | |
| Type of Transaction: | | G2C, G2B, G2G | | | | |
| Who may avail: | | | stablishments and | d government | | |
| , , , , , , , , , , , , , , , , , , , | | | assistance in the | • | | |
| | | project proposals and training designs. | | | | |
| CHECKLIST OF RE | | | WHERE TO SEC | CURE | | |
| 1. Valid ID (1 Photoco | py) | GSIS, SSS, | TIN, PRC, Pag-ib | oig, Philhealth, | | |
| , | . , | | Postal ID, Driver's | | | |
| CLIENT STEPS | AGENCY | FEES | PROCESSING | PERSON | | |
| | ACTIONS | TO BE | TIME | RESPONSIBLE | | |
| | | PAID | | | | |
| 1. Proceed to the | Assist client in | None | 10 | | | |
| MPDO, present a | signing in the | | Minutes | | | |
| valid identification | Client Log Book | | | | | |
| card (ID).Sign in | then conduct an | | | | | |
| Client Log Book then | interview | | | | | |
| inform/ request for | regarding | | | | | |
| technical assistance | proposed | | | | | |
| | project/training | , | | | | |
| 0 \M=:4 f== 4l== | program | Nana | C Mandainan | | | |
| 2. Wait for the | Prepares, encodes and | None | 5 Working | MPDC/ PDO II | | |
| preparation of the | | | Days | Municipal | | |
| project/training proposal. | prints requested documents | | | Planning & | | |
| 3. After 5 days, | Records | None | 2 Minutes | Development | | |
| return to MPDO for | requested | None | 2 Milliates | Office | | |
| the requested | documents on | | | | | |
| documents. | project/training | | | | | |
| | proposal in the | | | | | |
| | logbook. | | | | | |
| 4. Receives | Releases the | None | 1 Minute | | | |
| requested | requested | | | | | |
| documents on | documents on | · | | | | |
| projects/training | projects/training | | | | | |
| proposals | proposals | | | | | |
| | TOTAL: | None | 5 Working Days | s, 13 Minutes | | |



Provision of Technical Information

The MPDO provides technical information such as the Socio-Economic Profile, Development Plans and Investment Programs. Accomplished Reports and other vital documents to students, researchers, businessman and others who need it for a specific/legal purpose.

| | | Office of th | ne Municipal Pl | anning & Dave | Johnsont | |
|---|--|---|-----------------|---------------|--|--|
| Office or Division: Coordinator | | | • | anning & Deve | юртнети | |
| Classification: | | Simple | | | | |
| Type of Transacti | on. | G2C, G2B, G2G | | | | |
| | <u> </u> | All individuals, business establishments and government | | | | |
| Who may avail: | | entities needing technical information and assistance | | | | |
| CHECKLIST OF F | REQUIR | | | WHERE TO SE | | |
| 1. Valid ID. (1 Phot | | | | | ibig, Philhealth, | |
| | , | | Voter's ID, Po | | • | |
| CLIENT STEPS | A | GENCY | FEES TO | PROCESSI | PERSON | |
| | AC | CTIONS | BE PAID | NG TIME | RESPONSIBLE | |
| 1. Proceed to the MPDO, present a valid identification card (ID). Sign in Client Log Book then inform/ request for the document or information you need | signing Client I then co backgr intervie | Log Book onduct brief ound ew | None | 5 Minutes | MPDC/ PDO II Municipal Planning & Development Office | |
| 2. Wait for the requested data or documents. | Prints/prequest docum | | None | 3 Minutes | | |
| 3. Receives requested data or documents | Record reques the log | ted data in | None | 2 Minutes | | |
| | | TOTAL: | None | 10 | Minutes | |



OFFICE OF THE MUNICIPAL TREASURER

External Services



Billing and Collection of Water Bills and Issuance of Official Receipt for Application and charges for use of Suyo Municipal Waterworks System (SMWS)

Suyo Municipal Waterworks System (SMWS) is established due to inadequacy of water supply, it is an economic enterprise whose development, expansion and operation are implemented by the Local Government in which the billing and collection tasks will fall under the Office of the Municipal Treasurer.

The SMWS shall operate as an organic unit of the local/municipal government, with it being part of the normal functions of the LGU's appropriate line departments under the immediate direction of the Municipal Mayor.

The Office of the Municipal Treasurer collects and/or issues official receipt on all payments for the use of Suyo Municipal Waterworks System.

| Office or Division: | Office of the Municip | Office of the Municipal Treasurer | | | | | |
|--|---|-----------------------------------|------------------------------------|----------------|-------------------------|--|--|
| Classification: | Simple | Simple | | | | | |
| Type of Transactio | n: G2C, G2B, G2G | | | | | | |
| Who may avail: | Prospective consum Waterworks System | er/ All | consun | ners of Su | yo Municipal | | |
| CHECKLIST | OF REQUIREMENTS | F REQUIREMENTS WHERE TO SECURE | | | | | |
| | * FOR NEW APPLICATION: Duly accomplish New Service Connection Application form (1 copy) | | | | General Services Office | | |
| * FOR ACTIVE PAY | TING CONSUMERS: or water bill consumption | Office of the Municipal Treasurer | | | | | |
| 2. Senior Citizen Card/Person With Disability Card (1 original copy) | | | Active Consumer (with 5% discount) | | er (with 5% | | |
| CLIENT STEPS | AGENCY ACTIONS | | S TO | PROCE SSING | PERSON PESPONSIBLE | | |

| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | SSING TIME | PERSON RESPONSIBLE |
|--|---|---------------------------------|---------------|--|
| * For New Application: 1. Payment of application fee to the Revenue collector | Receive accomplished form, prepare official receipt and orient client regarding the rules and regulations imposed by the system | Application Fee- PHP50.00 | 3 minutes | Revenue Collector/ Administrative Aide Treasury Office |
| 2. Receive application form with issued official receipt as proof of payment and orientation attendance then | 2.1 The Municipal Treasurer sign the application upon payment and after the New Service Connection orientation is done. | None | 2 minutes | Municipal Treasurer/Duly Authorized personnel or staff Treasury Office |



| proceed to General Services Office for evaluation and endorsement for inspection | 2.2 Prepare Consumer Ledger card to serve as record of new member application | | | Revenue Collector/ Administrative Aide Treasury Office |
|---|--|---|--------------|--|
| | | 5 | Minutes | |
| * For Payment of Water Bill: 1. Present notice of billing for water consumption to the Revenue Collector | Compute water bill consumption and prepare official receipt, post payment on the Consumer ledger card and issue proof of payment of water bill to the client | (Please see table and rate of consumpti on below) | 5 minutes | Revenue Collector/ Administrative Aide Treasury Office |
| | TOTAL | None | 5 | minutes |

For billing purposes, a water meter shall be read one (1) month after its connection and every month thereafter. Meter reading shall be done every 30th day of the month. Billings will be served within five (5) days thereafter and payments of the bills shall be within the first six (6) days of succeeding month. Non-payment of bills shall be charged with the corresponding five (5%) percent interest if not more than one (1) month; ten (10%) percent if not more than three (3) months and service line cut-off if not paid within three (3) months.

| | | Amount of Fee |
|---|--|-----------------|
| A. Installation of pipe | | PHP 30.00/meter |
| B. For metered service: | | |
| 1. Minimum charge for not more than | n 6 cubic meter per month: | |
| a) Residential service | | PHP 120.00 |
| b) Commercial service | | PHP 250.00 |
| c) Industrial service | | PHP 300.00 |
| 2. For every cubic meter in excess o | | |
| a)Residential service | | PHP 25.00 |
| b)Commercial service | | PHP 30.00 |
| c)Industrial service | | PHP 50.00 |
| 3. Re-connection fee | | PHP 1,000.00 |
| 4. Water meter (payable in cash or within 3 months) | | PHP 1,200.00 |
| Violation and Charges: | | |
| * Violation or tampering of the seal | PHP 500.00 | |
| * Illegal connection | PHP 2,000.00 + automatic of | |
| illegal collifection | the service line or be charge of pilferage | |



Collection and Issuance of Official Receipt on Other transactions

The Office of the Municipal Treasurer collects and/or issues official receipt for all other transactions other than payment of fees.

| Office or Divisio | n: Office of t | Office of the Municipal Treasurer | | | | | |
|-----------------------------|-------------------|-----------------------------------|----------------------------|-----------------------|--|--|--|
| Classification: | Simple | Simple | | | | | |
| Type of Transac | tion: G2C, G20 | 3 | | | | | |
| Who may avail: | All | | | | | | |
| CHECKL | IST OF REQUIREM | ENTS | WHERE T | O SECURE | | | |
| Charges from B | arangay: | | | | | | |
| Disbursement vo | ucher with check | | Barangay Conce | ern | | | |
| Shares from Pro | vincial Governmer | ıt: | | | | | |
| Disbursement vo | ucher with check | | Provincial Treas | ury Office | | | |
| Refund of Cash | Advance: | | | | | | |
| Liquidation Repo | | | LGU Official and Employees | | | | |
| | om Other governme | ent | | | | | |
| agencies: | | | Any Government Agencies | | | | |
| Disbursement vo | | _ | | | | | |
| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE | | | |
| 1 Doymont of | Issuance of | | 3 minutes | Local Revenue | | | |
| 1. Payment of corresponding | official receipt | (Please refer to the | 3 minutes | Collection Officer/ | | | |
| fees | omciai receipi | table | | Revenue | | | |
| 1003 | | below) | | Collection Clerk | | | |
| | | | Treasury Office | | | | |
| | TOTAL | (Please | 3 mi | nutes | | | |
| | | refer to the | | | | | |
| | | table | | | | | |
| | | below) | | | | | |

| Collection From Barangay: | |
|------------------------------------|--------------------------------------|
| Fishery Rental | PHP 250.00 per annum not later than |
| | December 31 of every year |
| Carbago Truck Bontal | PHP 1,500.00 per month per barangay |
| Garbage Truck Rental | availing the service |
| Barangay Record-Keeper Honorarium | PHP 1,000.00 per month per barangay |
| Shares from Provincial Government: | |
| Extraction fee | 30% of the tax collected from quarry |
| | operation within the municipality |
| Refund of Cash Advance | Based on Liquidation Report |
| Fund transfer | Based on voucher |



Collection of Fee for Sealing and Licensing of Weights and Measures

The Municipal Treasurer shall strictly enforce the provision of the regulation of practices relative to weights and measures, as provided in Chapter II of the Consumer Act, Republic Act No. 7394.

Every person before using instruments of weights and measures within this municipality shall first have them sealed and licensed annually and pays thereof to the Office of the Municipal Treasurer.

| Office or Division: | Office or Division: | | | Office of the Municipal Treasurer | | | |
|--|---|-------------|--|-----------------------------------|--|--|--|
| Classification: | | Simple | | | | | |
| Type of Transaction: | | | G2C- Government to Citizen G2B-Government to Business Entity | | | | |
| Who may avail: | | All | | | , | | |
| CHECKLIST OF RE | QUIREN | MENTS | 1 | WHERE TO SI | ECURE | | |
| Weighing scale | | | Client | | | | |
| CLIENT STEPS | | NCY IONS | FEES TO BE PAID | PROCESSI NG TIME | PERSON RESPONSIBLE | | |
| Payment of fees required to the Revenue collector | Issue official receipt serving as license to use the instrument *valid for one (1) year | | (Please see table of fees) | 3 minutes | Revenue Collector/ Administrative Aide Treasury Office | | |
| 2. Received official receipt and present the instrument to the official sealer (Municipal Treasurer or his duly authorized representative) | Test, calibrate and seal the instrument and keep full sets of secondary standard. | | None | 7 minutes | Municipal Treasurer/ Authorized Representative Treasury Office | | |
| TOTAL | | | (Please see table of fees) | 10 ו | minutes | | |



| | Amount of fees: |
|--|-------------------|
| A.) For sealing linear metric measures: | |
| Not over one (1) meter | PHP 25.00 |
| Measure over one (1) meter | PHP 40.00 |
| B.) For sealing metric measurers of capacity: | |
| Not over ten (10) litres | PHP 25.00 |
| Over ten (10) litres | PHP 40.00 |
| C.) For sealing metric instruments of weights: | |
| With capacity of not more than 30 kg. but not more than | PHP 50.00 |
| 3,000 kg. | |
| D.) For sealing apothecary balances of precision | PHP 55.00 |
| E.) For sealing scale or balance with complete set of weights: | |
| For each scale or balances or other balances with | PHP 50.00 |
| complete set of weights for use therewith | |
| For each extra weight | PHP 25.00 |
| F.) Re-testing, re-sealing including gasoline | |
| pumps for each instrument | PHP 55.00 |
| *Surcharge for failure to have the instrument re-tested | 500% of the |
| | corresponding fee |
| Additional fee: | |
| Sticker (weight & measure) | PHP 30.00/unit |
| Weight & measure tag | PHP 20.00/unit |



Collection of Real Property Tax and Issuance of Official Receipt

The Real Property tax for any year shall accrue on the first (1st) day of January and from the date it shall constitute a lien on the property which shall be superior to any other lien, mortgage, or encumbrance of any kind whatsoever, and shall be extinguished only upon the payment of the delinquent tax.

The collection of real property tax with interest thereon and the enforcement of the remedies provided in Title 2, Book II of R.A.7160 (Local Government Code of 1991), or any applicable rules and regulations shall be the responsibility of the Municipal Treasurer concerned.

Real property taxes shall be paid to the Office of the Municipal Treasurer where the real property is located.

Office or Division: Office of the Municipal Treasurer

| Office of Division. | | | e Municipai 11 | casulci | | |
|--|--|--------------|---|---|---|--|
| Classification: | | Simple | | | | |
| Type of Transaction | on: | G2C, G2B | | | | |
| Who may avail: | | All Real pro | operty tax own | ers | | |
| CHECKLIS | T OF R | EQUIREME | NTS | WHERE TO SECURE | | |
| Previous Real prop receipt (1 copy) | | | | Previous tax payments/owner's copy/file | | |
| or, Real property ta (1 copy) | | . , | | Office of the Mun | icipal Treasurer | |
| or ,Tax roll / Latest tax declaration as to ownership of real property (1 original/photocopy) | | | ownership | Office of the Mun | icipal Assessor | |
| CLIENT STEPS | AGENCY ACTIONS | | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE | |
| 1. Submit either one of the requirement stated above to the Revenue collector | Receive requirement, verify correctness of amount by the real property tax account register (RPTAR) and assess real property tax due | | None | 7 minutes per property | Revenue Collection Clerk/ Administrative Aide Treasury Office | |
| 2. Pay the corresponding tax due | of the taxpayer Receive payment and issuance of official receipt | | Please see table of computation below) | 3 minutes per property | Revenue Collection Clerk/ Administrative Aide Treasury Office | |
| | | TOTAL | Please see table of computation below) | 10 minutes | | |



- A. Following are the formulas for the Basic tax and SEF:
 - 1) Basic tax:

Tax due = (assessed value) x (1% tax rate)

2) Special Education Fund tax:

Tax due = (assessed value) x (1% tax rate)

B. The formula for tax discount is as follows:

Tax discount = (tax due) x (20% tax rate for advance payment), or Tax discount = (tax due) x (10% tax rate for prompt payment)

- C. the following formula shall guide the computation of interest to be paid on delinquent real property taxes:
 - 1) For real property taxes delinquent for any period up to thirty-six (36) months:

 Interest payment due for each month of delinquency

 = (tax due) x (2%) x (number of months delinquent)
 - 2) For real property taxes delinquent for any period up to more than thirty-six (36) months:

Interest = $(tax \text{ or taxes due}) \times (2\%) \times (36 \text{ months})$

3) For annual interest payment due:

Annual interest payment = sum of interest payments due for month delinquent during the year

4) For total real property taxes and interest to be paid:

Total tax and interest due = (total unpaid taxes due) + (interest on unpaid taxes due)

FORMULA:

Assessed value x (1%) x 2 = tax due (Basic & SEF)

*for Advance payment:

Discount to avail:

Last three (3) working days of December of the current year- 20%

*for Prompt payment:
Discount to avail:
From January 1 to March 31 – 10%

*Interest on unpaid Real property tax: 2% per month after March 31



Penalties for unpaid back taxes:

| Month | Current year | Immediate preceding year | 2 years back | 3 years back to previous year |
|-----------|--------------|--------------------------|-----------------|-------------------------------|
| January | - | 26% | 50% | 72% |
| February | - | 28% | 52% | 72% |
| March | - | 30% | 54% | 72% |
| April | 8% | 32% | 56% | 72% |
| May | 10% | 34% | 58% | 72% |
| June | 12% | 36% | 60% | 72% |
| July | 14% | 38% | 62% | 72% |
| August | 16% | 40% | 64% | 72% |
| September | 18% | 42% | 66% | 72% |
| October | 20% | 44% | 68% | 72% |
| November | 22% | 46% | 70% | 72% |
| December | 24% | 48% | 72% | 72% |

| Year | Jan | Feb | Mar | Apr | May | June | Jul | Aug | Sept | Oct | Nov | Dec |
|--|-----|-----|-----|-----|-----|------|-----|-----|------|-----|-----|-----|
| Current year | - | - | - | 8% | 10% | 12% | 14% | 16% | 18% | 20% | 22% | 24% |
| Immediate preceding year | 26% | 28% | 30% | 32% | 34% | 36% | 38% | 40% | 42% | 44% | 46% | 48% |
| 2 years back | 50% | 52% | 54% | 56% | 58% | 60% | 62% | 64% | 66% | 68% | 70% | 72% |
| 3 years back to previous year | 72% | 72% | 72% | 72% | 72% | 72% | 72% | 72% | 72% | 72% | 72% | 72% |



Collection of Tourism Ecological Fees and Entrance Fees for every local & foreign tourist visiting the Historical Landmark at Mount Tapao and Agricultural Demonstration Farm at Sitio Macaag

The tourism ecological fee imposed on any non-resident tourist, visitors, and mountaineers who visit the municipality of any accommodation establishment within the municipality. Such fees shall support sustainable programs for tourism, environmental protection, conservation and management, peace and order, and livelihood.

The Office of the Municipal Treasurer collects charges for every local and foreign tourist visiting the historical landmark at Mount Tapao, Poblacion and the Agricultural Demonstration farm at Sitio Macaag, Suyo Proper in this municipality.

| Office or Division: | | Office of | the Municipa | al Treasurer | | |
|--|----------------------------------|--|--|--------------------------------------|---|--|
| Classification: | | Simple | | | | |
| Type of Transaction: G2C | | | | | | |
| Who may avail: | | All reside | ent, local and | foreign tourist | | |
| CHECKLIST OF REC | ENTS | | WHERE TO SEC | CURE | | |
| Tourism ecological ticket (1 original copy) | | | | /authorized collectice or Treasury C | | |
| For resident – proof of (Cedula/valid identification) | | | Local touris | t from this munici | pality | |
| CLIENT STEPS | _ | IONS | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE | |
| Register to the visitor's logbook, | Verify von the present documents | ted | None | 2 minutes | Administrative Aide/ Authorized collector Mayor's Office/ Treasury Office | |
| 2. Payment of tourism ecological fee and entrance fee to the designated/authorized collector Issue tourism ecological ticket (for nonresident) and issue cash ticket upon payment of fees | | ical for non- nt) and eash pon | (Please refer to rate of fees below) | 3 minutes | Administrative Aide/ Authorized collector Mayor's Office/ Treasury Office | |
| TOTAL | | | (Please refer to rate of fees below) | 5 mi | nutes | |



| | Amount of fee |
|---|-------------------------|
| Tourism ecological fee ticket | PHP 10.00/visitor |
| *good only for the entire stay in Suyo until exit/departure | |
| Exemption and discount: | |
| A. All residents permanently residing in this | None |
| municipality | |
| B. Filipino children six (6) years old and below or | None |
| person with disability (PWD) | |
| C. Senior citizen 20% discount | PHP 8.00/Senior Citizen |
| Mount Tapao Entrance fee: | |
| A. Children | PHP 20.00 |
| B. Adult | PHP 30.00 |
| C. Senior Citizen | PHP 25.00 |
| D. Person with disability (PWD) | DUD 45 00 |
| D1. Children | PHP 15.00 |
| D2. Adult | PHP 25.00 |
| Cash ticket to serve as payment for entrance fee: | |
| with face value amounting to | PHP 5.00/piece |
| | or PHP 10.00/piece |
| Sitio Macaag Demo farm Entrance fee: | |
| A. Children | PHP 20.00 |
| B. Adult | PHP 30.00 |
| C. Senior Citizen/PWD | PHP 24.00 |
| * Pick And Pay strawberry per kilogram | *Prevailing Price |



Dredging, Quarrying and Other related operations along the Chico River and its adjoining streams

All entities whether public or private, natural or juridical which are in any manner, would or presently undertake dredging, quarrying and other related operations along the Chico River and its adjoining stream shall apply safety, ecological and environmental protection in relation to their operation.

The Chico River is a vital body of water in the municipality with a tributary running along different barangays within its territorial jurisdiction.

Unregulated dredging, quarrying and other related operations along the Chico River and adjoining streams might pose serious danger to the ecology, the environment, and the health and safety of the inhabitants of certain barangays of this municipality.

This municipality is committed to the protection of life, health, property and safety of its inhabitants, the preservation and conservation of natural resources and ecosystem within its territorial jurisdiction.

| Office or Division | : Business Pe | ermits and Lic | ensing Officer/ Of | fice of the | | | | |
|-----------------------------------|-------------------|-----------------------|--------------------|--|--|--|--|--|
| | Municipal Ti | Municipal Treasurer | | | | | | |
| Classification: | Simple/Com | plex | | | | | | |
| Type of Transacti | on: G2C, G2B | G2C, G2B | | | | | | |
| Who may avail: | Business O | wners | | | | | | |
| CHECKLIST OF | REQUIREMENTS | | WHERE TO SEC | CURE | | | | |
| Under Municipal | Ordinance #14, | | | | | | | |
| Series 2020: | | | | | | | | |
| 1. Area Clearance | (1 copy) | Barangay co | oncern | | | | | |
| 2. Locational Clear | rance (2 conies) | | Municipal Plannii | ng and | | | | |
| | . , | | nt Coordinator | | | | | |
| 3. Accreditation the | | | Municipal Mayor/ | 1 | | | | |
| endorsement (San | | Office of Sa | ngguniang Bayan | | | | | |
| Resolution) (1 cop | | | | | | | | |
| 4. Post a surety bo | nd of PHP | Permitee | | | | | | |
| 20,000.00 | | _ | | | | | | |
| 5. Own equipment | | Permitee | | | | | | |
| loader, Back Hoe a | | | | | | | | |
| 6. Provincial applic | <u> </u> | Provincial Government | | | | | | |
| CLIENT STEPS | AGENCY | FEES TO | PROCESSING | PERSON | | | | |
| 4.0.1. | ACTIONS | BE PAID | TIME | RESPONSIBLE | | | | |
| 1. Submit | Verify presented | None | 5 minutes | Local Revenue Collection Officer I/ | | | | |
| complete | documents and | | | Revenue | | | | |
| documentary | assess fee for | | | Collection Clerk III | | | | |
| requirements to the Office of the | the conduct of | | | Treasury Office | | | | |
| | business (if any) | | | Trododily Omoo | | | | |
| Municipal Treasurer | | | | | | | | |
| | Receive BPLS | License to | 5 minutes | Revenue Collector/ | | | | |
| 2. Fill up BPLS unified form and | | | o minutes | Administrative | | | | |
| urilleu lorrii arid | unified form, | engaged in | | / withingtiative | | | | |



| pay corresponding fees | prepare official receipt and process application | business (See table of fees for application for Mayor's Permit) | | <i>Aide</i> Treasury Office |
|--|--|--|-----------|--|
| 3. Sign in the logbook and wait for the processing of permit | Issuance of permit at the Office of the Municipal Mayor | None | 3 minutes | Municipal Mayor Municipal Administrator |
| 4. Receive permit | Record transaction in the logbook Release the permit | None | 2 minutes | Local Revenue Collection Officer I/ Revenue Collection Clerk III Treasury Office |
| | TOTAL | (See table of fees for application for Mayor's Permit) | 15 m | inutes |



Issuance of Accountable Form No. 51 to Barangay

The Office of the Municipal Treasurer issues Accountable Form No. 51 to the barangays for their issuance of barangay clearance, barangay business clearance and other certifications.

| Office or Division: | Office of the Municipal Treasurer | | | | | | | |
|--|--|---------------------------|------------------|--|--|--|--|--|
| Classification: | Simple | | | | | | | |
| Type of Transaction: | G2G | | | | | | | |
| Who may avail: | Barangay Treasur | ers of this Mun | icipality | | | | | |
| CHECKLIST OF RE | QUIREMENTS | W | HERE TO SE | CURE | | | | |
| 1. Requisition and Issue | e Slip (3 Copies) | Barangay Tre | easurer | | | | | |
| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCESS ING TIME | PERSON RESPONSIBLE | | | | |
| Present the requirements stated | Verify presented document | None | 1 minute | Revenue Collector/ Administrative Aide Treasury Office | | | | |
| 2. Payment of Corresponding Fee | Receive Payment And Issue Official Receipt | PHP 180.00 per booklet | 3 minutes | Revenue Collector/ Administrative Aide Treasury Office | | | | |
| 3. Sign in the record book and receive the Accountable Form #51 | Record the transaction in the logbook (receipt serial number and date issued) and release Accountable Form #51 | None | 1 minute | Revenue Collector/ Administrative Aide Treasury Office | | | | |
| | PHP 180.00 per booklet | 5 r | ninutes | | | | | |



Issuance of Certification for Real Property Tax payment

The Office of Municipal Treasurer issues tax clearance certificate when the real property is fully paid from its corresponding tax due.

| Office or Division: | | Office of | Office of the Municipal Treasurer | | | | |
|--|--|----------------------------|---|---|---------------------|--|--|
| Classification: | | Simple | | | | | |
| Type of Transaction: | | G2C, G | G2C, G2B | | | | |
| Who may avail: | | includin | All individuals and juridical entities with real properties including land, building, improvement and machineries | | | | |
| CHECKLIST O | F REQUIRE | EMENTS | MENTS WHERE TO SECURE | | | | |
| Official receipt of pa | ear (1 copy | ·) | · · · · · · · · · · · · · · · · · · · | | | / | |
| CLIENT STEPS | AGEN ACTIO | _ | | ES TO E PAID | PROCESS ING TIME | PERSON RESPONSIBLE | |
| 1. Present the official receipt of payment of real property tax to the revenue collector | Check/ver property b on the pre proof of pa of real pro tax | eased esented ayment | | None | 1 minutes | Revenue Collector/ Administrative Aide Treasury Office | |
| 2. Payment of certification to the Revenue collector | Issue official receipt and process tax clearance/ certification. | | PHF + Doc y Sta | ification 9 85.00 umentar amp tax 9 30.00 | 3 minutes | Revenue Collector/ Administrative Aide Treasury Office | |
| 3. Receive tax clearance/ certification | Release tax clearance/certific ation upon signing of the Municipal Treasurer or his/her representative in his/her absence. | | Non | | 1 minutes | Revenue Collector/ Administrative Aide Treasury Office | |
| | | TOTAL | PHI | P 115.00 | 5 r | ninutes | |



Issuance of Community Tax Certificate (Cedula) (for Corporation)

Juridical persons liable to Community tax:

Every corporation, no matter how created or organized, whether domestic or resident-foreign, engaged in or doing business in the Philippines whose principal office is located in this municipality shall pay an annual community tax.

| Office or Division: | Office of the Mu | unicipal Treasurer | | |
|--|--|---|--|--|
| Classification: | Simple | | | |
| Type of Transaction: | G2C, G2B | | | |
| Who may avail: | Individual taxpayer and Business owner/Corporation | | | |
| CHECKLIST OF REQUIREMENTS | | WHERE TO SECURE | | |
| Valid Identification card or his/her authorized representative (1 original/photocopy) Annual income tax return receipt from the BIR (1 copy) | | To be provided by the individual taxpayer or business owner or Corporation Business/Company's file record | | |

| the bit (1 copy) | | | | |
|------------------|----------------|--------------|------------|------------------------|
| CLIENT | AGENCY | FEES TO BE | PROCESSING | PERSON |
| STEPS | ACTIONS | PAID | TIME | RESPONSIBLE |
| 1. Present valid | 1.1 Interview | None | 2 minutes | Revenue |
| identification | client then | | | Collector/ |
| card and | receive the | | | Administrative |
| submit the | required | | | Aide |
| required | documents | | | Treasury Office |
| documents to | 1.2 Assess and | | 3 minutes | Revenue |
| the Revenue | process the | | | Collector/ |
| collector for | community tax | | | Administrative |
| assessment | based on the | | | Aide Transum Office |
| | annual income | | | Treasury Office |
| | tax return | | | |
| | receipts. | | | |
| 2. Affix his/her | Collect | (Based on | 3 minutes | Revenue |
| signature or | payment and | the annual | | Collector/ |
| thumb mark at | issue the | income tax | | Administrative |
| the CTC and | community tax | return | | Aide |
| pay | certificate. | receipts of | | Treasury Office |
| corresponding | | the business | | |
| amount | | owner/ | | |
| indicated herein | | corporation) | | |
| to the Revenue | | | | |
| Collector | | | | |
| | TOTAL | See basis of | 8 mi | nutes |
| | | Computation | | |
| | | below | | |



Juridical persons liable to Community tax:

Every corporation, no matter how created or organized, whether domestic or resident-foreign, engaged in or doing business in the Philippines whose principal office is located in this municipality shall pay an annual community tax of five hundred pesos (PHP 500.00) and an additional tax, which in no case, shall exceed ten thousand pesos (PHP 10,000.00) in accordance with the following schedule:

- i. For every five thousand pesos (PHP 5,000.00) worth of real property in the Philippines, owned by the juridical entity during the preceding year, based on the valuation used in the payment of real property tax under existing laws, found in the assessment rolls of this municipality where the real property is situated two pesos (PHP 2.00); and
- ii. For every five thousand pesos (PHP 5,000.00) of gross receipts or earnings derived by from the business in the Philippines during the preceding year- two pesos (PHP 2.00) The dividends received by a corporation from another corporation shall, for the purpose of the additional tax, be considered as part of the gross receipts or earnings of said corporation.



Issuance of Community Tax Certificate (Cedula) (for Individual)

The community tax certificate shall be imposed on persons, natural or juridical, residing in the municipality.

Individuals liable for the payment of the Community Tax:

Every inhabitant of the Philippines who is a resident of this municipality, eighteen (18) years of age or over who has been regularly employed on a wage or salary basis for at least thirty (30) consecutive working days during any calendar year; an individual who is engaged in business or occupation; an individual who owns real property with an aggregate assessed value of one thousand pesos (PHP 1,000.00) or more; and an individual who is required by law to file an income tax return.

| Office or Division | | Office of the Municipal Treasurer | | | | | | |
|--|-------------|---|--|--------------------------------|--|--|--|--|
| Classification: | | Simple | | | | | | |
| Type of Transact | ion: G20 | | | | | | | |
| Who may avail: | | Residents only 18 years old and above Business Owner | | | | | | |
| CHECKLIS | T OF | WHERE TO SECURE | | | | | | |
| REQUIREM | ENTS | | | | | | | |
| For Individual: | | | | | | | | |
| 1. Personal Appea | | None | | | | | | |
| 2. Government iss | | To be provided by | | | | | | |
| identification card | • | Office, DFA, PSA, | | -IBIG, | | | | |
| original/photocopy | | PhilHealth, DSWD | <u>' </u> | | | | | |
| 3. For employed, p | proof of | Agency or Compar | ny where they wo | rk | | | | |
| income | | | | | | | | |
| For Business: | : | To be provided by the ledicidual termores (DID, Doot | | | | | | |
| Valid Identification card of business owner or his/her | | To be provided by the Individual taxpayer (BIR, Post Office, DFA, PSA, GSIS, SSS, PAG-IBIG, | | | | | | |
| authorized represe | | PhilHealth, DSWD, Office ID) | | | | | | |
| original/photocopy | ` | Trilli lealti, Dovid | , Office 1D) | | | | | |
| 2. Annual income | | | | | | | | |
| receipt from the B | | Business owner file record | | | | | | |
| CLIENT STEPS | AGENCY | FEES TO BE | PROCESSING | PERSON | | | | |
| CLIENT STEPS | ACTIONS | PAID | TIME | RESPONSIBLE | | | | |
| 1. Present valid | Interview | None | 2 minutes | Revenue | | | | |
| identification | client and | | | Collector/ | | | | |
| card and submit | receive the | | | Administrative | | | | |
| the required | required | | | <i>Aide</i> Treasury Office | | | | |
| documents to | documents | | | Treasury Office | | | | |
| the Revenue | and | | | | | | | |
| collector for | compute | | | | | | | |
| assessment | the | | | | | | | |
| | community | | | | | | | |
| | tax | | | | | | | |



| 2. Affix his/her signature or thumb mark at the CTC and pay corresponding | Collect payment and issue the community tax | Basic community tax: PHP5.00 additional PHP1.00 for every PHP 1,000.00 income | 3 minutes | Revenue Collector/ Administrative Aide Treasury Office |
|---|--|--|-----------|--|
| amount indicated herein. | certificate. | (not exceeding PHP 5,000.00) | | |
| | TOTAL | Basic community tax: PHP5.00 additional PHP1.00 for every PHP 1,000.00 income (not exceeding PHP 5,000.00) | 5 mi | nutes |

Rate of Community Tax payable by Individuals:

The rate of the annual community tax that may be levied and collected from said individual shall be five pesos (PHP 5.00) plus an annual additional tax of one peso (PHP1.00) for every one thousand pesos (PHP 1,000.00) of income regardless of whether from business, exercise of profession, or from property but which in no case shall exceed five thousand pesos (PHP 5,000.00).

In the case of husband and wife, the additional tax herein imposed shall be based upon the total property owned by them and the total gross receipts or earnings derived by them.

Exemptions:

- A.) Diplomatic and consular representatives; and
- B.) Transient visitors when their stay in the Philippines does not exceed three (3) months.

Time of payment:

The community tax shall accrue on the first (1st) day of January each year and shall be paid not later than the last day of February of each year.

Penalties for late payment:

If the tax is not paid within the time prescribed above, there shall be added to the unpaid amount and interest of twenty-four-percent (24%) per annum from the due date until it is paid.



Issuance of Official Receipts for Chainsaw Registration

The Office of the Municipal Treasurer issues official receipts for payments made for chainsaw registration to legalize ownership of chainsaws.

| Office or Division: | Office of the | Office of the Municipal Treasurer | | | | |
|---|---|--|---------------------|--|--|--|
| Classification: | Simple | Simple | | | | |
| Type of Transaction: | G2C, G2B, C | G2G | | | | |
| Who may avail: | All | | | | | |
| CHECKLIST OF REQ | WHERE TO SECURE | | | | | |
| Certificate of registration (1 original copy) | | Community Environment and Natural Resources Office-(CENRO Region I) | | | | |
| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCESS ING TIME | PERSON RESPONSIBLE | | |
| 1. Present proof of registration to the Revenue collector and payment of annual permit fee. | Receive payment and issue official receipt | Annual Mayor's permit- PHP 100.00 *valid for one (1) year | 3 minutes | Revenue Collector/ Administrative Aide Treasury Office | | |
| | PHP 100.00 | 3 r | ninutes | | | |



Issuance of Official Receipts for Motorized Tricycle Operator's Permit (MTOP)

The Office of the Municipal Treasurer issues official receipts to cash received as payment for the Motorized Tricycle Operator's Permit (MTOP) franchise.

| Office or Division | n: | Office of the Municipal Treasurer | | | | |
|---|-----------------|---|--|---|------------------------|--|
| Classification: Simple | | | | | | |
| Type of Transact | tion: | G2C | | | | |
| Who may avail: | | All | | | | |
| CHECKLIST OF | REQU | JIREMENTS | | WHE | RE TO SECU | JRE |
| Accomplished Application form (1 copy) | | | Municipal Tricycle Franchising & Regulatory Board – Office of the Sangguniang Bayan | | | |
| CLIENT STEPS | AGE | NCY ACTIONS | 9 | FEES TO BE PAID | PROCES SING TIME | PERSON RESPONSIB LE |
| Present accomplished application form | of doo | completeness cuments/ ements | | None | 2 minutes | Revenue Collection Clerk III Treasury Office |
| 2. Payment of corresponding fees to the Revenue collector | issue ,logo, | Receive payment ar issue official receipt, logo, sticker and license plate (for new | | (Please refer to table of fees below | 3 minutes | Revenue Collection Clerk III Treasury Office |
| | | TOTA | ۱L | | 5 m | inutes |

Imposition of fees:

| · | |
|-------------------------------------|------------|
| A. Franchise fee | PHP 100.00 |
| B. Filing fee per unit | PHP 100.00 |
| C. Mayor's permit fee | PHP 100.00 |
| D. Business tax | PHP 330.00 |
| E. Filing fee for amendment of MTOP | PHP 50.00 |
| F. Logo | PHP 100.00 |
| G. Sticker | PHP 20.00 |
| H. Business license plate (for new) | PHP 150.00 |
| I. Body number (for new) (by MTFRB) | PHP 110.00 |
| | |



Issuance of Official Receipts for Special permits

The Office of the Municipal Treasurer issues official receipt for all the payment received for special permits and other related activities in this municipality.

| Office or Division: Office of | | | of the Municipa | al Treasurer | | |
|----------------------------------|---|--------|---------------------------|---------------------|---|--|
| Classification: Sim | | |) | | | |
| Type of Transaction | on: | G2C, 0 | G2B | | | |
| Who may avail: | | All | | | | |
| CHECKLIST OF REQUIREMENTS | | | V | VHERE TO SEC | URE | |
| Letter request (1 copy) | | | Client | | | |
| CLIENT STEPS | AGENCY ACTIONS | | FEES TO BE PAID | PROCESSIN G TIME | PERSON RESPONSIBLE | |
| 1. Payment of corresponding fees | Receive payment and issue official receipt | | (See list of rates below) | 3 minutes | Revenue Collector/ Admin. Aide Treasury Office | |
| | TOTAL | | | 3 m | inutes | |

Permit Fee on Circus and Other Parades:

There shall be collected a Mayor's permit fee on every circus and other parades using banners, floats or musical instruments carried on in this municipality at least five (5) days before schedules date such activity shall be held.

| Permit fee on circus, and other parades using banners, floats or | PHP 55.00/day |
|--|---------------|
| musical instruments | |

Permit Fee for Excavation:

There shall be imposed fees on every person who shall make or cause to be made any excavation on public or private streets within this municipality.

| Permit fee for excavation | Amount of fee |
|---|---------------|
| A. For crossing streets with concrete pavement: | |
| 1. For crossing concrete pavement (minimum area 2.00 x .600 m., 12 | PHP 500.00 |
| sq.m.) | |
| 2. For crossing across base of streets with concrete pavement, per | PHP 300.00 |
| linear meter (boring method) | |
| B. For crossing streets with asphalt pavement: | |
| 1. Minimum fee | |
| 2. Additional fee for each linear meter crossing the streets (minimum | PHP 200.00 |
| width of excavation, 0.80 meters) | PHP 100.00 |
| C. For crossing the streets with gravel pavement: | |
| 1. minimum fee | PHP 100.00 |
| Additional fee for each linear meter crossing the streets | |
| (minimum width of excavation, 0.3 meters) | PHP 50.00 |
| D. For crossing existing curbs and gutters resulting in the damage | PHP 50.00 |
| E. Additional fee for every one day of delay in excess of excavation | PHP 50.00 |
| period provided in the mayor's permit | |
| *Cash deposit | PHP 5,000.00 |



Permit Fee for Temporary Use of Roads, Streets, Sidewalks, Alleys, Patios, Plazas and Playgrounds:

Any person that shall temporarily use and/or occupy a streets, sidewalk, or alley or portion thereof in this municipality in connection with their construction works and other purposes, shall pay a fee in the following schedule:

| For construction | PHP 5.00/sq.m. per week or fraction thereof |
|------------------|---|
| 2. Others | PHP 5.00/sq.m. per day |

Permit Fee on Film-Making:

There shall be collected permit fee from any person who shall go on location-filming within the territorial jurisdiction of this municipality.

The fee imposed herein shall be paid to the Office of the Municipal Treasurer upon application five (5) days before location-filming is commenced.

| Permit fee on film-making | Rate of fee per filming: |
|------------------------------|--------------------------|
| A. Commercial movies | PHP 500.00day |
| B. Commercial Advertisements | PHP 500.00/day |
| C. Documentary film | PHP 500.00/day |
| D. Videotape coverage | PHP 500.00/day |

Permit Fee on Occupation/Calling Not Requiring Government Examination:

There shall be collected as annual fee at the rate prescribe hereunder for the issuance of Mayor's permit to every person who shall be engaged in the practice of the occupation or calling not requiring government examination with the municipality as follows:

| Occupation or calling | Rate of fee |
|---|-------------|
| Occupation of calling | per annum |
| A. On employees and workers in generally considered " offensive and dangerous business establishments" | PHP 100.00 |
| B. On employees and workers in commercial establishments who cater or attend to the daily needs of the inquiring or paying public | PHP 50.00 |
| C. On employees and workers in food or eatery establishments | PHP 25.00 |
| D. On employees and workers in night or night and day establishment | PHP 50.00 |
| E. All occupation or calling subject to periodic inspection, surveillance and/or regulations by the municipal mayor | PHP 50.00 |



Permit Fee for the Storage of Flammable and Combustible Materials:

There shall be collected an annual permit fee for the storage of combustible materials to the Office of the Municipal Treasurer upon application for mayor's permit at the rates as follows:

| | , |
|--|-----------------------|
| Storage of flammable and combustible materials: | Rate of fee per annum |
| A. Storage of gasoline, diesel, fuel, kerosene and similar | |
| products | |
| 500 to 2,000 litres | PHP 250.00 |
| 2,001 to 5,000 litres | PHP 550.00 |
| 5,001 to 20,000 litres | PHP 1,050.00 |
| 20,001 to 50,000 litres | PHP 1,550.00 |
| 50,001 to 100,000 litres | PHP 2,050.00 |
| Over 100,000 litres | PHP 2,550.00 |
| B. Storage of cinematographic film | PHP 100.00 |
| C. Storage of celluloid | PHP 100.00 |
| D. Storage of calcium carbide | |
| 1. less than 50 cases | PHP 100.00 |
| 2. 50 to 99 cases | PHP 200.00 |
| 3. 100 or more cases | PHP 300.00 |
| E. Storage of tar, resin and similar materials | |
| 1. less than 1,000 kilos | PHP 100.00 |
| 2. 1,000 to 2,500 kilos | PHP 200.00 |
| 3. 2,500 to 5,000 kilos | PHP 300.00 |
| 4. Over 5,000 kilos | PHP 400.00 |
| F. Storage of coal deposits | |
| 1. below 100 tons | PHP 100.00 |
| 2. 100 tons or above | PHP 200.00 |
| G. Storage of combustible, flammable or explosive | |
| substance not mentioned above | PHP 300.00 |

Permit Fee for the Conduct of Group Activities:

Every person who shall conduct, or hold any program, or activity involving the grouping of people within the jurisdiction of this municipality shall pay to the Office of the Municipal Treasurer for every occasion of not more than twenty-four (24) hours the corresponding fee in the following schedule:

| 1. Conference, meetings, rallies and demonstration in outdoor, in parks, plazas, roads/streets | PHP 500.00 |
|--|------------|
| 2. Dances | PHP 500.00 |
| 3. Coronation and ball | PHP 500.00 |
| 4. Promotional sales | PHP 500.00 |
| 5. Other group activities | PHP 500.00 |



Permit Fee for Special Promotional Advertisement/Activity:

There shall be collected permit fee before the conduct of any promotional advertisement/activity within the territorial jurisdiction of the municipality to be paid at the Office of the Municipal Treasurer:

| A. Flyers and the like | PHP 150.00 |
|------------------------|------------|
| B. Streamer | PHP 250.00 |
| C. Sign board | PHP 300.00 |

Peddlers Permit Fee

There shall be collected permit fee to the Office of the Municipal Treasurer from peddlers engage in the sale of merchandise or article of commerce in the municipality.

| Peddlers permit fee | PHP 100.00 |
|---------------------|------------|
|---------------------|------------|

Permit Fee for Treasure Hunters:

There shall be imposed a permit fee to be paid to the Office of the Municipal Treasurer on every person or group of persons operating as treasure hunter/s within the municipality before any treasure hunting activity can be lawfully begun or pursued

| Permit fee for treasure hunters | PHP 1,000.00 |
|---|-------------------------------|
| Treasure positively found - Municipal government shares | 15% of the gross value of the |
| | treasure found |



Issuance of Official Receipts for Tax on Ambulant and Itinerant Amusement Operators

The Office of the Municipal Treasurer issues official receipt to all payment of tax imposed on ambulant and itinerant amusement operators during fiestas and fairs in this municipality before engaging in such activity.

| Office or Division: | Office of th | Office of the Municipal Treasurer | | |
|-------------------------------|--|-----------------------------------|-----------------|--|
| Classification: | Simple | Simple | | |
| Type of Transaction: | G2C, G2B | | | |
| Who may avail: | All | | | |
| CHECKLIST REQUIREME | | WHERE IN SECURE | | |
| 1. Letter request (1 c | ору) | Client | | |
| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
| Payment of corresponding fees | Receive payment and issue official receipt | PHP 100.00/DAY | 3 minutes | Revenue Collector/ Administrative Aide Treasury Office |
| | Total | See table of | | nutes |

| A. Circus, carnivals, or the like | PHP 100.00/day |
|--|----------------|
| B. Merry-go-around, roller coaster, Ferris wheel, swing, | PHP 100.00/day |
| shooting gallery and other similar contrivances | |
| C. Sports contest/exhibitions | PHP 100.00/day |



Issuance of Official Receipts for Tax on Business

The Office of the Municipal Treasure issues official receipt to all payment of business tax imposed on the persons who establish, operate, conduct or maintain their respective business within the municipality.

Issuance of the said official receipt shall not relieve the taxpayer of any requirement imposed by the different departments of this municipality.

| Office or Division: | Office of the | Office of the Municipal Treasurer | | |
|--|---|--|---------------|--|
| Classification: | Simple | Simple | | |
| Type of Transaction | : G2C, G2B | | | |
| Who may avail: | All business | sowners | | |
| CHECKLIST OF RE | QUIREMENTS | IREMENTS WHERE TO SECURE | | |
| Order of payment (1 | сору) | Designate-Busin Officer / Municip authorized repre | oal Treasurer | _ |
| CLIENT STEPS | AGENCY ACTIONS | | | PERSON RESPONSIBLE |
| 1. Present order of payment to the revenue collector and pay corresponding fee | Receive payment and issue official receipt | (See graduated business tax schedule | 3 minutes | Revenue Collector/ Administrative Aide Treasury Office |
| | Total | below) | 3 r | ninutes |

A.) On manufacturers, assemblers, repackers, processors, brewers, distillers, rectifiers, and compounders or liquors, distilled spirits, and wines or manufacturers of any article of commerce of whatever kind or nature. In accordance with the following schedule:

| Amount of gross sales/receipts for the preceding calendar year | Amount of tax per annum |
|--|-------------------------|
| Less than PHP 10,000.00 | PHP 198.00 |
| PHP 10,000.00 or more but less than PHP 15,000.00 | PHP 264.00 |
| PHP 15,000.00 or more but less than PHP 20,000.00 | PHP 362.40 |
| PHP 20,000.00 or more but less than PHP 30,000.00 | PHP 528.00 |
| PHP 30,000.00 or more but less than PHP 40,000.00 | PHP 792.00 |
| PHP 40,000.00 or more but less than PHP 50,000.00 | PHP 990.00 |
| PHP 50,000.00 or more but less than PHP 75,000.00 | PHP1,584.00 |
| PHP 75,000.00 or more but less than PHP 100,000.00 | PHP 1,980.00 |
| PHP 100,000.00 or more but less than PHP 150,000.00 | PHP 2,640.00 |
| PHP 150,000.00 or more but less than PHP 200,000.00 | PHP 3,300.00 |
| PHP 200,000.00 or more but less than PHP 300,000.00 | PHP 4,620.00 |
| PHP 300,000.00 or more but less than PHP 500,000.00 | PHP 6,600.00 |
| PHP 500,000.00 or more but less than PHP 750,000.00 | PHP 9,600.00 |
| PHP 750,000.00 or more but less than PHP 1 million | PHP 12,000.00 |
| PHP 1 million or more but less than PHP 2 million | PHP 16,500.00 |



| PHP 2 million or more but less than PHP 3 million | PHP 19,800.00 |
|---|-------------------------|
| PHP 3 million or more but less than PHP 4 million | PHP 23,760.00 |
| PHP 4 million or more but less than PHP 5 million | PHP 27,720.00 |
| PHP 5 million or more but less than PHP 6.5 million | PHP 29,250.00 |
| | At a rate of forty five |
| PHP 6,500,000.00 or more | (45%) percent of one |
| | percent (1%) |

B.) On wholesalers, distributors, or dealers in any article of commerce of whatever kind or nature in accordance with the following schedules:

| Amount of gross sales/receipts for the preceding | Amount of tax per |
|---|--|
| calendar year | annum |
| Less than PHP 1,000.00 | PHP 21.60 |
| PHP 1,000.00 or more but less than PHP 2,000.00 | PHP 39.60 |
| PHP 2,000.00 or more but less than PHP 3,000.00 | PHP 60.00 |
| PHP 3,000.00 or more but less than PHP 4,000.00 | PHP 86.40 |
| PHP 4,000.00 or more but less than PHP 5,000.00 | PHP 120.00 |
| PHP 5,000.00 or more but less than PHP 6,000.00 | PHP 145.20 |
| PHP 6,000.00 or more but less than PHP 7,000.00 | PHP171.60 |
| PHP 7,000.00 or more but less than PHP 8,000.00 | PHP 198.00 |
| PHP 8,000.00 or more but less than PHP 10,000.00 | PHP 224.40 |
| PHP 10,000.00 or more but less than PHP 15,000.00 | PHP264.00 |
| PHP 15,000.00 or more but less than PHP 20,000.00 | PHP330.00 |
| PHP 20,000.00 or more but less than PHP 30,000.00 | PHP 396.00 |
| PHP 30,000.00 or more but less than PHP 40,000.00 | PHP 528.00 |
| PHP 40,000.00 or more but less than PHP 50,000.00 | PHP 792.00 |
| PHP 50,000.00 or more but less than PHP 75,000.00 | PHP 1,188.00 |
| PHP 75,000.00 or more but less than PHP 100,000.00 | PHP 1,584.00 |
| PHP 100,000.00 or more but less than PHP 150,000.00 | PHP 2,244.00 |
| PHP 150,000.00 or more but less than PHP 200,000.00 | PHP 2,904.00 |
| PHP 200,000.00 or more but less than PHP 300,000.00 | PHP 3,960.00 |
| PHP 300,000.00 or more but less than PHP 500,000.00 | PHP 5,280.00 |
| PHP 500,000.00 or more but less than PHP 750,000.00 | PHP 7,920.00 |
| PHP 750,000.00 or more but less than PHP 1 million | PHP 10,560.00 |
| PHP 1 million or more but less than PHP 2 million | PHP 12,000.00 |
| PHP 2,000,000.00 or more | At a rate of sixty percent (60%) of one percent (1%) |

- C.) On exporters, and on manufacturers, millers, producers, wholesalers, distributors, dealers or retailers of essential commodities enumerated hereunder at a rate not exceeding one-half (1/2) of the rates prescribed under subsection (a), (b) and (d):
- 1. Rice and corn;
- 2. Wheat or cassava flour, meat, dairy products, locally manufactures, processed or preserved food, sugar, salt and agricultural marine, and fresh water products, whether in their original state or not;



- 3. Cooking oil and cooking gas;
- 4. Laundry soap, detergents, and medicines;
- 5. Agricultural implements, equipment and post-harvest facilities, fertilizers, pesticides, insecticides, herbicides and other farm-inputs;
- 6. Poultry feeds and other animal feeds;
- 7. School supplies; and
- 8. Cement

D.) On retailers.

| Gross sales/ receipts for the preceding year | Rate of tax per annum | | | |
|---|-----------------------|--|--|--|
| PHP 400,000.00 or less | 2 1/5% (2.2%) | | | |
| More than 400,000.00 | 1 1/10% (1.1%) | | | |
| Barangays shall have the exclusive power to levy taxes on stores whose gross sale | | | | |

Barangays shall have the exclusive power to levy taxes on stores whose gross sale or receipts of the preceding calendar year does not exceed thirty thousand pesos (PHP 30,000.00) subject to existing laws and regulations.

E.) On contractors and other independent contractors in accordance with the following schedule:

| Amount of gross sales/receipts for the preceding calendar year | Amount of tax per annum | | | | |
|---|----------------------------|--|--|--|--|
| Less than PHP 5,000.00 | PHP 33.00 | | | | |
| PHP 5,000.00 or more but less than PHP 10,000.00 | PHP 73.92 | | | | |
| PHP 10,000.00 or more but less than PHP 15,000.00 | PHP 125.40 | | | | |
| PHP 15,000.00 or more but less than PHP 20,000.00 | PHP 198.00 | | | | |
| PHP 20,000.00 or more but less than PHP 30,000.00 | PHP 330.00 | | | | |
| PHP 30,000.00 or more but less than PHP 40,000.00 | PHP 462.00 | | | | |
| PHP 40,000.00 or more but less than PHP 50,000.00 | PHP 660.00 | | | | |
| PHP 50,000.00 or more but less than PHP 75,000.00 | PHP 1,056.00 | | | | |
| PHP 75,000.00 or more but less than PHP 100,000.00 | PHP 1,584.00 | | | | |
| PHP 100,000.00 or more but less than PHP 150,000.00 | PHP 2,376.00 | | | | |
| PHP 150,000.00 or more but less than PHP 200,000.00 | PHP 3,168.00 | | | | |
| PHP 200,000.00 or more but less than PHP 250,000.00 | PHP 4,356.00 | | | | |
| PHP 250,000.00 or more but less than PHP 300,000.00 | PHP 5,544.00 | | | | |
| PHP 300,000.00 or more but less than PHP 400,000.00 | PHP 7,392.00 | | | | |
| PHP 400,000.00 or more but less than PHP 500,000.00 | PHP 9,900.00 | | | | |
| PHP 500,000.00 or more but less than PHP 750,000.00 | PHP 11,100.00 | | | | |
| PHP 750,000.00 or more but less than PHP 1 million | PHP 12,300.00 | | | | |
| PHP 1 million or more but less than PHP 2 million | PHP 13,800.00 | | | | |
| | At a rate of sixty percent | | | | |
| PHP 2 million or more | (60%) of one percent | | | | |
| | (1%) | | | | |
| Provided that in no case shall the tay on gross sales of PHP 2 million or more ha | | | | | |

Provided, that in no case shall the tax on gross sales of PHP 2 million or more be less than PHP 13,800.00

F.) On banks and other financial institutions, at the rate of fifty percent of one percent (50% of 1%) of the gross receipts of the preceding year derived from interest,



commissions and discounts from lending activities, income from financial leasing, dividends, rentals on property, and profit from exchange or sale of property, insurance premiums. All other income and receipts not herein enumerated shall be excluded in the computation of the tax.

- G.) On the business hereunder enumerated:
- 1. Cafes, cafeterias, ice cream and refreshment parlors, restaurants, soda fountain bars, carinderias or for caterers;
- 2. Amusement places, including places wherein customers thereof actively participate without making bets or wagers, including but not limited to night/day clubs, cocktail lounges, cabarets or dance halls, karaoke bars, skating rinks, bath houses, swimming pools, exclusive clubs such as country and sports clubs, resorts and other similar places, billiard and pool tables, bowling alleys, circuses, carnivals, merry-go-rounds, roller coasters, Ferris wheels, swings, shooting galleries, and other similar contrivances, theatres and cinema houses, boxing stadia, race tracks, cockpits and other similar establishments;
- 3. Commission agents;
- 4. Lessors, dealers, brokers, of real estate;
- 5. On travel agencies and travel agents;
- 6. On boarding houses, pension houses, motels, apartments, apartelles, and condominiums:
- 7. Subdivision owners/private cemeteries and memorial parks;
- 8. Privately-owned markets;
- 9. Hospitals, medical clinics, dental clinics, therapeutic clinics, medical laboratories, dental laboratories;
- 10. Operators of cable network system;
- 11. Operators of computer services establishment:
- 12. General consultancy services;
- 13. All other similar activities consisting essentially of the sales of services for a fee.

| | 1 |
|--|-------------------------|
| Amount of gross sales/receipts for the preceding calendar year | Amount of tax per annum |
| Less than PHP 5,000.00 | PHP 33.00 |
| | |
| PHP 5,000.00 or more but less than PHP 10,000.00 | PHP 73.92 |
| PHP 10,000.00 or more but less than PHP 15,000.00 | PHP 125.40 |
| PHP 15,000.00 or more but less than PHP 20,000.00 | PHP 198.00 |
| PHP 20,000.00 or more but less than PHP 30,000.00 | PHP 330.00 |
| PHP 30,000.00 or more but less than PHP 40,000.00 | PHP 462.00 |
| PHP 40,000.00 or more but less than PHP 50,000.00 | PHP 660.00 |
| PHP 50,000.00 or more but less than PHP 75,000.00 | PHP 1,056.00 |
| PHP 75,000.00 or more but less than PHP 100,000.00 | PHP 1,584.00 |
| PHP 100,000.00 or more but less than PHP 150,000.00 | PHP 2,376.00 |
| PHP 150,000.00 or more but less than PHP 200,000.00 | PHP 3,168.00 |
| PHP 200,000.00 or more but less than PHP 250,000.00 | PHP 4,356.00 |
| PHP 250,000.00 or more but less than PHP 300,000.00 | PHP 5,544.00 |
| PHP 300,000.00 or more but less than PHP 400,000.00 | PHP 7,392.00 |
| PHP 400,000.00 or more but less than PHP 500,000.00 | PHP 9,900.00 |



| PHP 500,000.00 or more but less than PHP 750,000.00 | PHP 11,100.00 | | | |
|--|--|--|--|--|
| PHP 750,000.00 or more but less than PHP 1 million | PHP 12,300.00 | | | |
| PHP 1 million or more but less than PHP 2 million | PHP 13,800.00 | | | |
| PHP 2 million or more | At a rate of sixty percent (60%) of one percent (1%) | | | |
| Provided, that in no case shall the tax on gross sales of PHP 2 million or more be less than PHP 13,800.00 | | | | |

| H. On peddlers engaged in the sale of any merchandise | PHP 100.00/annually |
|---|---------------------|
| or article of commerce | |

H. Surcharge and interest:

All persons who are granted a permit to conduct an activity or business and who are liable to pay the business tax provided in the Municipal Revenue Code shall submit a certified photocopy of their income tax returns (ITR) on or before April 30 of each year. The deficiency in the business tax arising out of the difference in gross receipts or sales declared in the application of Mayor's Permit/Declaration of gross sales or receipt and the gross receipts or sales declared in the ITR shall be payable on or before May 20 of the same year with the interest at the rate of ten percent (10%) corresponding to the two percent (2%) per month from January to May. Payments of the deficiency tax made after May 20 shall be subject to the twenty-five percent (25%) surcharge and two percent (2%) interest for every month counted from January up to the month payment is made.

| Business tax x 25% = surcharge | Payment of tax after the first twenty (20) days of January and payment of the deficiency tax made after May 20 |
|--------------------------------|--|
| Business tax x 2% = interest | Interest of two percent (2%) for every month counted from January up to the month payment is made. |

| Certificate for payment of business tax | PHP. 85.00 |
|---|--------------------------------------|
| (upon presentation or satisfactory proof that the original receipt has been lost, | + PHP. 30.00 (Documentary Stamp Tax) |
| stolen or destroyed) | |

| Certificate of closure | PHP. 85.00 |
|---|---|
| *issued when tax on business is paid | + PHP. 30.00 (Documentary Stamp Tax) |
| before it is considered officially retired or | , |
| terminated | |



Issuance of Official Receipts on Assessment Fees

The Office of the Municipal Treasurer issues official receipt to all payments from every person requesting for services and copies of official records and documents from the Office of the Municipal Assessor of this municipality

| Office or Division |): | Office of the Municipal Treasurer | | | |
|----------------------------------|---|-----------------------------------|---|---------------------|--|
| Classification: | | Simple | • | | |
| Type of Transact | ion: | G2C | | | |
| Who may avail: | | All | | | |
| CHECKLIST OF | REQUIRE | EMENTS | WHERE TO SECURE | | |
| Filled up route slip | | Office of the Municipal Assessor | | | |
| CLIENT STEPS | AGENCY ACTIONS | | FEES TO BE PAID | PROCESSI NG TIME | PERSON RESPONSIBLE |
| 1. Payment of corresponding fees | Receive payment and issue official receipt | | (Please refer to table of fees | 3 minutes | Revenue Collector/ Administrative Aide Treasury Office |
| Total | | below) | 3 m | ninutes | |

| Service /Document: | Amount of fee |
|---|----------------------------|
| A. Research fee (verification of any assessment | PHP 100/document |
| record) | |
| B. Ocular inspection fee of real properties | PHP 250/lot |
| C. Certifications | PHP 100 + PHP 30.00 DS Tax |
| D. Vicinity map | PHP 100.00 |
| E. True copy | PHP 100 + PHP 30.00 DS Tax |



Issuance of Official Receipts on Bidder's fee and Bidding Documents

The Office of the Municipal Treasurer issues official receipt to all collected payments for bidder's fees and bidding documents from any person/s who will bid to any program or project of the municipality

| Office or Divis | ion: | Office of the Municipal Treasurer | | | |
|-----------------------------------|---|-----------------------------------|--|---------------------|--|
| Classification | : | Simple | • | | |
| Type of Trans | action: | G2C, G2B | | | |
| Who may avai | | All interested s | suppliers/dist | ributors/contra | ctors |
| CHECKLIST | OF REQU | JIREMENTS | V | VHERE TO SE | CURE |
| None | | | None | | |
| CLIENT STEPS | AGENCY ACTIONS | | FEES TO BE PAID | PROCESSI NG TIME | PERSON RESPONSIBLE |
| 1. Payment of correspondin g fees | Assess fee based on invitation to bid (for name of projects and approved budget for the contract), receive payment and issue official receipt | | (Please refer to rate of fees below) | 3 minutes | Local Treasury Operation Officer/ Local Revenue Collection Officer Treasury Office |
| TOTAL | | | 3 n | ninutes | |

Bidder's Fee:

| Program/Project cost | Amount of fee |
|---------------------------------------|---------------|
| PHP100,000.00 and below | PHP 500.00 |
| Above PHP100,000.00 to PHP 500,000.00 | PHP 1,000.00 |
| Above PHP500,000.00 to PHP1 million | PHP 1,500.00 |
| Above PHP 1 million to PHP 5 million | PHP 2,000.00 |
| Above PHP 5 million | PHP 3,000.00 |

Bidding Documents:

| Program/Project cost: | Amount of fee |
|---|---------------|
| PHP500,000.00 and below | PHP 500.00 |
| Above PHP 500,000.00 to PHP 1 million | PHP 1,000.00 |
| Above PHP 1 million to PHP 5 million | PHP 5,000.00 |
| Above PHP 5 million to PHP 10 million | PHP 10,000.00 |
| Above PHP 10 million to PHP 50 million | PHP 25,000.00 |
| Above PHP 50 million to PHP 500 million | PHP 50,000.00 |
| Above PHP 500 million | PHP 75,000.00 |



Issuance of Official Receipts on Building Permit fees and other fees

The Office of the Municipal Treasurer issues official receipts for cash received as payment for all building permit fees for new erected building and other fees.

| Office or Division: | | Office of the Municipal Treasurer | | | |
|---|---|--|---|---------------------|--|
| Classification: | | Simp | ole | | |
| Type of Transactio | n: | G2C | | | |
| Who may avail: | | All | | | |
| CHECKLIST OF RE | QUIREME | NTS | WH | HERE TO SEC | CURE |
| 1. Order of payment permit (2 copies) | for Building | og Office of the Building Official/ Municipal Engineering's Office | | | / Municipal |
| 2. Order of payment certificate (1 copy) | t for Zoning | | ŭ | | |
| CLIENT STEPS | | | FEES TO BE PAID | PROCESS ING TIME | PERSON RESPONSIBLE |
| 1. Present Order of payment and pay corresponding fees to the Revenue collector | Present Order payment and payment and issue official receipt. | | (Based on the computation of the respective | 3 minutes | Revenue Collector/ Administrative Aide Treasury Office |
| TOTAL | | offices) | 3 r | ninutes | |



Issuance of Official Receipts on Burial Permits fees

Accountable Form No. 58 or Municipal Burial permit and fee receipt is issued by the Office of the Municipal Treasurer for cash received for all burial permits.

| Office or Divisio | n: | | Office of the Municipal Treasurer | | |
|---|---|-----------------------------------|-----------------------------------|---------------------|--|
| Classification: | | 9 | Simple | | |
| Type of Transac | tion: | | G2C | | |
| Who may avail: | | P | АП | | |
| CHECKLIST OF | REQUIREMENTS | | ١ | WHERE TO S | ECURE |
| Death Certificate | (1 original copy) | Office of the Municipal Registrar | | | egistrar |
| CLIENT STEPS | CLIENT STEPS AGENCY ACTIONS | | FEES TO BE PAID | PROCESS ING TIME | PERSON RESPONSIBLE |
| 1. Payment for burial permit fee to the Revenue collector | Encode/write the official receipt number and date issued on the Death certificate and issue the official receipt. | | | 3 minutes | Revenue Collector/ Administrative Aide Treasury Office |
| | TOTAL | Р | HP 100.00 | 3 ו | minutes |

Other fees: Amount of fee:

| Transfer of cadaver | PHP 100.00 |
|--|------------|
| 2. Fee foe exhumation of cadaver | PHP 200.00 |
| Fee for removal of cadaver | PHP 200.00 |



Issuance of Official Receipts in Business Licenses

The issuance of official receipts by the Office of the Municipal Treasurer for all business licenses is to legalize all business entity of this municipality.

| Office or Divisi | ion: | Office of | the Municipal Treas | urer | |
|--|--|--|--|-------------|--------------------|
| Classification: | | Simple | | | |
| Type of Transa | ction: | G2B | | | |
| Who may avail | | All | | | |
| CHECKLIST O | F REQUIR | EMENTS | WHE | RE TO SECUR | E |
| Order of payment (1 copy) | | Designate-Business Permit and Licensing Officer / Municipal Treasurer and/or his authorized representative | | _ | |
| CLIENT STEPS | AGE ACTI | | FEES TO BE | PROCESSI | PERSON RESPONSI |
| | 7011 | ONS | PAID | NG TIME | BLE |
| 1. Present order of payment and pay required fees to the Revenue collector | Receive the state of payment a conficial receive the state of the stat | he order nt and illed-up S unified eive and issue | (Based on the computation of the or his/her authorized representative) | 3 minutes | |

| A. Mayor's permit fee | Based on the computation of the Business | | |
|---|--|--|--|
| | Permit and Licensing Officer or his | | |
| | authorized representative from the graduated | | |
| | fixed tax of the Municipal Revenue Code of | | |
| | this municipality | | |
| B. Business license plate (for new) | PHP 150.00 | | |
| C. Business sticker (yearly) | PHP 20.00 | | |
| D. Sanitary inspection fee | PHP 75.00/quarter or PHP300.00/annually | | |
| E. Secretary's fee (zoning certificate) | PHP 85.00 + PHP 30.00 (Documentary | | |
| | Stamp tax) | | |
| F. Calling fee/occupation fee | Based on the assessment of the Business | | |
| | Permit and Licensing Officer or his | | |
| | authorized representative from the Municipal | | |
| | Revenue Code | | |
| *Duplicate of Mayor's permit upon | | | |
| presentation of satisfactory proof that | PHP 85.00 | | |
| the original of the permit has been | FHF 05.00 | | |
| lost, stolen or destroyed | | | |



Issuance of Official Receipts on Dental and Laboratory fees and charges

The Office of the Municipal Treasurer issues official receipt to all collected payments for services of facilities rendered by the Municipal Health unit service of this municipality.

| Office or Division | : | Office of the Municipal Treasurer | | | |
|--------------------|----------|--|--------------|-----------|---------------------|
| Classification: | | Simple | | | |
| Type of Transact | ion: | G2C | | | |
| Who may avail: | | All | | | |
| CHECKLIST OF F | REQUI | REMENTS WHERE TO SECURE | | | |
| Filled up payment | slip/ord | der of Suyo Municipal Health Office and Birthing | | | |
| payment | | Home | | | |
| CLIENT STEPS | | | | | PERSON |
| OLILIVI OTLI O | A(| CTIONS | BE PAID | ING TIME | RESPONSIBLE |
| 1. Payment of | Rece | ive | (Please | 3 minutes | Revenue Collector/ |
| corresponding | paym | ent and | refer to | | Administrative Aide |
| fees | issue | official | rate of fees | | Treasury Office |
| | recei | ot | below) | | |
| | | TOTAL | | 3 minutes | |

| Services: | Amount of fee |
|--|--------------------------|
| 1. Dental fees: | |
| A. Oral cleaning | PHP 300.00 |
| B. Composite restoration | PHP 250.00/tooth |
| 2. Laboratory examination fees: | |
| A. Blood chemistry: | |
| Lipid Profile: | |
| - Total Cholesterol | PHP 100.00 |
| - Triglycerides | PHP 100.00 |
| - HDL Cholesterol | PHP 100.00 |
| - LDL Cholesterol | PHP 100.00 |
| Enzymes: - AST (SGOT) - ALT (SGPT) | PHP 100.00 PHP 100.00 |
| Electrolytes - Sodium | PHP 100.00 |
| - Potassium | PHP 100.00 |
| Other tests: | |
| - Fasting blood sugar | PHP 100.00 |
| - Blood urea nitrogen | PHP 100.00 |
| - Creatinine | PHP 100.00 |
| - Uric acid | PHP 100.00 |



| B. Complete blood count | PHP75.00 | | |
|--|------------|--|--|
| C. Platelet count | PHP 50.00 | | |
| D. Gram stain | PHP 75.00 | | |
| E. Pregnancy test | PHP 100.00 | | |
| F. Urinalysis | PHP 75.00 | | |
| G. Fecalysis | PHP75.00 | | |
| H. Sputum | PHP75.00 | | |
| I. HBsAg | PHP 150.00 | | |
| J. RPR | PHP 150.00 | | |
| K. KOH | PHP 75.00 | | |
| L. CBG | PHP75.00 | | |
| M. ECG | PHP 100.00 | | |
| N. X-RAY PHP 150.00/shot | | | |
| *20% discount shall be given to senior citizens, person with disabilities and Phil | | | |
| health card owner who will undergo laboratory examination. | | | |

| For Food Handlers: | |
|---------------------------|--|
| Sanitary Permit | PHP 75.00 + PHP 30.00 (Documentary Stamp Tax) |
| Health Certificate (card) | PHP 75.00 + PHP 30.00 ((Documentary Stamp Tax) |



Issuance of Official Receipts on Equipment Rentals

The Office of the Municipal Treasurer issues official receipts for cash received as payment for equipment rental fees.

| Office or Division: | Office of th | Office of the Municipal Treasurer | | | |
|--|--|-----------------------------------|---|---------------------|---|
| Classification: | Simple | Simple | | | |
| Type of Transaction | : G2C, G2B | , G2 | G | | |
| Who may avail: | All | | | | |
| CHECKLIST OF R | EQUIREMENT | S | W | HERE TO SE | CURE |
| Schedule of fees (2 of | opies) | | Office of the | Municipal En | gineer |
| CLIENT STEPS | AGENCY ACTIONS | | FEES TO BE PAID | PROCESS ING TIME | PERSON RESPONSIBLE |
| 1. Present schedule of fees for the use of vehicle or equipment to the Revenue collector | Received schedule of fe verify and compute fees | es, | None | 2 minutes | Local Revenue Collection Officer /Revenue Collector Treasury Office |
| 2. Payment for rental of vehicle or equipment | File office cop for record purposes, receive payme and issue office receipt | ent | Formula: ER=No. of hours/days x rate (see table below) | 3 minutes | Revenue Collector/ Administrative Aide Treasury Office |
| | ΓAL | | 5 r | ninutes | |

Vehicles and Equipment: Rental Fee:

| Remain ee. |
|--|
| |
| PHP 2,500.00/contract excluding gas & oil |
| PHP 5,000.00/contract excluding gas & oil |
| |
| PHP 10,000.00/contract excluding gas & oil |
| |
| PHP 20,000.00/contract excluding gas & oil |
| |
| PHP 1,000.00/hour excluding gas & oil |
| PHP 500.00/hour excluding gas & oil |
| PHP 500.00/hour excluding gas & oil |
| |
| PHP 1,000.00/hour excluding gas & oil |
| PHP 400.00/hour excluding gas & oil |
| PHP 200.00/hour excluding gas & oil |
| PHP 1,500.00/month per barangay |
| |

^{*}Exemptions: Barangay government, religious sector and charitable institutions are exempted from rental fees of municipal vehicles and equipment but they must have to provide gas and oil.



Issuance of Official Receipts on Local Civil Registry fees

The Office of the Municipal Treasurer issues official receipt to all services rendered by the Municipal Local Civil Registrar of this municipality

| Office or Division: | | Office of | of the Municipal | Treasurer | |
|-------------------------------|--|-----------------------|---|---------------------|--|
| Classification: | Simple | • | | | |
| Type of Transaction: | | G2C | | | |
| Who may avail: | | All | | | |
| CHECKLIST OF RE | QUIREM | MENTS WHERE TO SECURE | | | CURE |
| 1. Filled up payment slip | | | Office of the Local Civil Registrar | | |
| CLIENT STEPS | AGENCY ACTIONS | | FEES TO BE PAID | PROCESS ING TIME | PERSON RESPONSIBLE |
| Payment of corresponding fees | Receive ees payment and issue official receipt | | (Please refer to table of fees below) | 3 minutes | Revenue Collector/ Administrative Aide Treasury Office |
| TOTA | | | | 3 | minutes |

| Services / Documents: | Amount of fee |
|---|--------------------------|
| | Amount of fee |
| A. Marriage fees: | DI ID 000 00 |
| Application for Marriage license fee | PHP 200.00 |
| Additional Marriage license fee | PHP 50.00 |
| 3. Marriage solemnization fee | PHP 200.00 |
| B. For Registration of the following: | |
| 1. Legitimation | PHP150.00 |
| 2. Adoption | PHP 200.00 |
| 3. Annulment of Marriage | PHP 200.00 |
| 4. Divorce/Legal separation | PHP 200.00 |
| 5. Naturalization | PHP 150.00 |
| 6. Other legal documentation for record purposes | PHP 150.00 |
| C. Certificate of finality for: | |
| 1. Change name | PHP 250.00 |
| 2. Correction of clerical or typographical error | PHP 250.00 |
| D. Filing fee (R.A. 9048 and R.A. 10172) | |
| 1. for the correction of clerical/typographical error | PHP 1,000.00 |
| 2. for the change of first or nickname | PHP 3,000.00 |
| 3. for the correction of errors in the date of birth | , |
| and sex | PHP 3,000.00 |
| E. For certified copies of any documents in the | |
| register (birth/death/marriage) | |
| - Local | PHP 75.00+ PHP 30.00 (DS |
| | TAX) |
| - Abroad | PHP 150.00+ PHP 30.00 |
| | (DS TAX) |



| F. Burial fees: | |
|--|-------------------------------|
| Burial permit fee or transfer of cadaver | PHP 100.00 |
| 2. Fee for exhumation of cadaver | PHP 200.00 |
| 3. Fee for removal of cadaver | PHP 200.00 |
| G. Certification/true copy | |
| Parental advice | PHP 85.00+ PHP 30.00 (DS TAX) |
| 2. Parental consent | PHP 85.00+ PHP 30.00 (DS TAX) |
| 3. Family planning | PHP 85.00+ PHP 30.00 (DS TAX) |
| 4. Family counselling | PHP 85.00+ PHP 30.00 (DS TAX) |
| H. Service fee (R.A. 9048 and R.A. 10172) for migrant petition | |
| for the correction of clerical or typographical error | PHP 500.00 |
| 2. for the correction of first name or nickname | PHP 1,000.00 |
| I. Filing fee (R.A. 9255) | PHP 250.00 |
| J. Filing/application and processing fee for late | |
| registration | PHP 300.00 |
| K. BREQS Fee per Document | PHP 100.00 |



Issuance of Official Receipts on Marriage License, Marriage Application and other fees

The Office of the Municipal Treasurer issues official receipts to all application for marriage license, marriage application and other fees.

| Office or Divisio | n· | Office of the Municipal Treasurer | | | | |
|--|---|-----------------------------------|--|------------------|--|--|
| Classification: | ••• | Simple | | | | |
| Type of Transac | tion: | G2C | | | | |
| Who may avail: | 11011. | All | | | | |
| CHECKLIST OF | DEOLI | | \M/L | IERE TO SEC | LIDE | |
| | | | | | | |
| Order of payment | | • / | Office of the Mu | | | |
| CLIENT STEPS | AGENCY ACTIONS | | FEES TO BE PAID | PROCESS ING TIME | PERSON RESPONSIBLE | |
| 1. Present order of payment to the Revenue collector | 1. Present order of payment to the Revenue ACTIONS Issuance of official receipt | | Marriage application fee – PHP 200.00 Additional Marriage license fee – PHP50.00 Family planning & marriage counselling (FPMC) fee- PHP 200.00 | 3 minutes | Revenue Collector/ Administrative Aide Treasury Office | |
| TOTAL PHP 450.00 3 minutes | | | | | | |



Issuance of Official Receipts on Mayor's Clearance fees

The Office of the Municipal Treasurer issues official receipts to all payments made for application for Mayor's clearance

| Office or Divisio | n: | Office of the | Municipal Treasu | ırer | |
|--|-------------------|------------------------------------|---|---------------------|--|
| Classification: | | Simple | • | | |
| Type of Transac | tion: | G2C | | | |
| Who may avail: | | All | | | |
| CHECKLIST OF | REQU | IREMENTS | WH | IERE TO SEC | URE |
| 1. Barangay clear | ance (| 1 copy) | Barangay hall | | |
| 2. Community tax | certific | cate | Office of the Municipal Treasurer | | |
| CLIENT STEPS | AGENCY ACTIONS | | FEES TO BE PAID | PROCESS ING TIME | PERSON RESPONSIBLE |
| 1. Payment of mayor's clearance fee to the revenue collector | | ive payment ssue official ot | Mayor's clearance fee- PHP 85.00 + Documentary Stamp tax PHP 30.00 | 3 minutes | Revenue Collector/ Administrative Aide Treasury Office |
| | • | TOTAL | PHP 115.00 | 3 minutes | |



Issuance of Official Receipts on Mayor's Permit for Cockpit Owners/Operators/Licensees/Promoters and Cockpit Personnel

The Office of the Municipal Treasurer issues official receipts to all fees for clients securing Mayor's permits for cockpit owners/operators/promoters and cockpit

| Office or Division: | Office of the | e Municipal Tre | asurer | |
|--|---|--------------------------------------|---------------------|--|
| Classification: | Simple | | | |
| Type of Transactio | n: G2C | | | |
| Who may avail: | All | | | |
| CHECKLIST OF RE | EQUIREMENTS | V | WHERE TO S | ECURE |
| Letter Request (1 co | Client | Client | | |
| CLIENT STEPS AGENCY ACTIONS | | FEES TO BE PAID | PROCESS ING TIME | PERSON RESPONSIBLE |
| Payment of corresponding fees to the Revenue collector | Receive payment and Issue official receipt | Please see table of fees below | 3 minutes | Revenue Collector/ Administrative Aide Treasury Office |
| | | 3 minutes | | |

Imposition of fees:

| imposition of ices. | |
|--|--------------|
| A. From the owner/operator/licensees of the cockpit: | |
| Application filing fee | PHP 500.00 |
| Annual cockpit permit fee | PHP 1,050.00 |
| B. From cockpit personnel: | |
| 1. Promoters/hosts | PHP 110.00 |
| 2. Pit manager | PHP 110.00 |
| 3. Referee | PHP 110.00 |
| 4. Bet taker "kristo/llamador" | PHP 110.00 |
| Bet manager "maciador/kasador" | PHP 110.00 |
| 6. Gaffer "mananari" | PHP 110.00 |
| 7. Cashier | PHP 110.00 |
| 8. Derby (matchmaker) | PHP 110.00 |



Issuance of Official Receipts on Municipal charges

The Office of the Municipal Treasurer issues official receipt to all collected payments for rental fees , use of municipal and other municipal service and user charges.

| Office or Division |): | Office of the | e Municipal Trea | asurer | | | |
|--|-----------|-----------------|--|--------------------------------|-----------------------|--|--|
| Classification: | | Simple | Simple | | | | |
| Type of Transacti | ion: | G2C | | | | | |
| Who may avail: | | All | | | | | |
| CHECKLIST OF | REQUIP | REMENTS | WI | HERE TO SE | CURE | | |
| 1. Personal knowle | edge of t | he officer- | Designated/Au | uthorized pers | onnel | | |
| in-charge as to ope | eration | | responsible | · | | | |
| *Suyo Eco-Mountain Resort *Namunganayan Festival site and other municipal properties | | | Municipal Treasury Office General Services Office | | | | |
| CLIENT STEPS | _ | SENCY CTIONS | FEES TO BE PAID | PROCESS ING TIME | PERSON RESPONSIBLE | | |
| 1. Payment of | | e payment | (Please refer | 3 minutes | Revenue | | |
| corresponding and issue official | | ue official | to table of | | Collector/ | | |
| fees | receipt | | fees below) | | Administrative | | |
| | | | | <i>Aide</i> Treasury Office | | | |
| | | Total | | 3 minutes | Treasury Office | | |

| For Fishery Rental: | | | | |
|----------------------------|------------------------------|-------------------------------------|-------------------------|--|
| Lease rentals per barangay | | PHP 250.00 per annum not later than | | |
| | | December 31 of every year | | |
| Suyo Eco-Mountain | Peak season | | Off Peak season | |
| Resort: | (October-May) | | (June-September) | |
| Entrance fee: | | | | |
| Children | PHP 25.00/he | ad | PHP 20.00/head | |
| Adult | PHP 30.00/he | ad | PHP 25.00/head | |
| Picnic shed: | | | | |
| Shed 1,2 and 3 (small) | PHP 200.00/da | ay | PHP 150.00/day | |
| Shed 3,4,5 and 6 (big) | PHP 400.00/da | ay | PHP 300.00/day | |
| Picnic or extra tables | PHP 50.00/pie | ce/day | PHP 50.00/piece/day | |
| Cottages (Rooms only) | | | | |
| Room 101 and 102 | PHP 800.00/night | | PHP 500.00/night | |
| Room 201 and 202 | PHP 1,000.00 | /night | PHP 800.00/night | |
| | | | | |
| Guest Room A and B | PHP 1,500.00 | /5 persons plus | PHP 1,500.00/5 persons | |
| | PHP100.00/he | ead in excess of | plus PHP100.00/head in | |
| | 5 persons | | excess of 5 persons | |
| Guest house | PHP 3,000.00/10 persons plus | | PHP 3,000.00/10 persons | |
| (exclusive use) | P100.00/head in excess of 10 | | plus P100.00/head in | |
| , | persons | | excess of 10 persons | |



| Function hall | PHP 1,500.00/day | PHP 1,500.00/day |
|---------------|-------------------|-------------------|
| Package deal | PHP 10,000.00/day | PHP 10,000.00/day |

Use of the Namunganayan Festival site:

| A. Executive building | PHP 1,500.00/day |
|--|-------------------|
| B. Function hall | PHP 3,000.00/day |
| C. Livelihood training center (First floor) | PHP 3,000.00/day |
| D. Livelihood training center (Second floor) | PHP 3,000.00/day |
| E. Exclusive use | PHP 15,000.00/day |



Issuance of Official Receipts on Municipal Ordinance violations, Traffic violations and Impounding fees

The Office of the Municipal Treasurer issues official receipt for cash received as payment for municipal ordinance violations, traffic violations and impounding fees in this municipality.

| Office or Division: | | Office of the Municipal Treasurer | | | | | |
|--|--|---|---|---------------------|--|--|--|
| Classification: Simple | | | | | | | |
| Type of Transaction | on: | G2C- Governr | nent to Citizen | | | | |
| Who may avail: | | All | | | | | |
| CHECKLIST OF | REQ | JIREMENTS | W | HERE TO SE | CURE | | |
| Municipal Ordinance citation ticket (1 original copy) or Traffic citation ticket (1 original copy) | | | Violator's copy of citation ticket issued by the duly authorized apprehending enforcer from Suyo Municipal Police station | | | | |
| CLIENT STEPS | AGENCY ACTIONS | | FEES TO BE PAID | PROCESS ING TIME | PERSON RESPONSIBLE | | |
| 1. Surrender citation ticket to the Office of the Municipal Treasurer | ticke file | eive citation et, verify and copy for ord purposes | None | 2 minutes | Revenue Collector/ Administrative Aide Treasury Office | | |
| 2. Payment of corresponding fees | Receive payment and issue official receipt, advice violator to proceed to the Police station to present proof of payment | | (Please refer to list and rate of fees below) | 3 minutes | Revenue Collector/ Administrative Aide Treasury Office | | |
| | TOTAL | | 5 minutes | | | | |

| | Amount of fee | | | |
|------------------------------|-------------------------|-------------------------|-------------------------|--|
| Traffic violations | 1 st Offense | 2 nd Offense | 3 rd Offense | |
| Riding a motorcycle | PHP 300.00 | PHP 600.00 | PHP 900.00 + Driver's | |
| without protective helmet | | | license confiscation | |
| Driving under influence of | PHP 300.00 | PHP 600.00 | PHP 900.00 + Driver's | |
| liquor/drug | | | license confiscation | |
| Driving with an expired | PHP 300.00 | PHP 600.00 | PHP 900.00 + Driver's | |
| license | | | license confiscation | |
| Driving without license | PHP 300.00 | PHP 600.00 | PHP 900.00 + Driver's | |
| | | | license confiscation | |
| Failure to obey police order | PHP 300.00 | PHP 600.00 | PHP 900.00 + Driver's | |
| | | | license confiscation | |
| Disregarding traffic | PHP 300.00 | PHP 600.00 | PHP 900.00 + Driver's | |
| lights/signs | | | license confiscation | |



| | 1 | T | T |
|------------------------------|--------------|-------------|-----------------------|
| Dazzling light | PHP 300.00 | PHP 600.00 | PHP 900.00 + Driver's |
| | | | license confiscation |
| Over speeding | PHP 300.00 | PHP 600.00 | PHP 900.00 + Driver's |
| | | | license confiscation |
| Obstruction | PHP 300.00 | PHP 600.00 | PHP 900.00 + Driver's |
| | | | license confiscation |
| Illegal parking | PHP 300.00 | PHP 600.00 | PHP 900.00 + Driver's |
| | | | license confiscation |
| Reckless driving | PHP 300.00 | PHP 600.00 | PHP 900.00 + Driver's |
| _ | | | license confiscation |
| Failure to signal movement | PHP 300.00 | PHP 600.00 | PHP 900.00 + Driver's |
| _ | | | license confiscation |
| Operating out of line | PHP 300.00 | PHP 600.00 | PHP 900.00 + Driver's |
| | | | license confiscation |
| Junk vehicle | PHP 300.00 | PHP 600.00 | PHP 900.00 + Driver's |
| | | | license confiscation |
| Leaving a vehicle in no- | PHP 300.00 | PHP 600.00 | PHP 900.00 + Driver's |
| waiting area | | | license confiscation |
| Overloading | PHP 300.00 | PHP 600.00 | PHP 900.00 + Driver's |
| _ | | | license confiscation |
| Truck/bus ban | PHP 300.00 | PHP 600.00 | PHP 900.00 + Driver's |
| | | | license confiscation |
| Stalled vehicle | PHP 300.00 | PHP 600.00 | PHP 900.00 + Driver's |
| | | | license confiscation |
| Leaving the scene of | PHP 300.00 | PHP 600.00 | PHP 900.00 + Driver's |
| accident without justifiable | 1 111 000.00 | 1111 000.00 | license confiscation |
| cause | | | ilocitio cominacation |
| oddoo | | 1 | |

| Municipal Ordinance Violations | Amount of fee | | | |
|-------------------------------------|-------------------------|-------------------------|-------------------------|--|
| Municipal Ordinance Violations | 1 st Offense | 2 nd Offense | 3 rd Offense | |
| Municipal Ordinance #04, Series | | | | |
| 2020 | PHP 500.00 | PHP 1,000.00 | PHP 2,500.00 | |
| Social physical distancing | | | | |
| Municipal Ordinance #03, Series | | | PHP 2,500.00 | |
| 2020 | PHP 1,000.00 | PHP 1,500.00 | + cancellation | |
| Liquor ban | | | of business | |
| | | | permit | |
| Municipal ordinance #02, series | PHP 1,000.00 + | PHP 2,000.00 | PHP 2,500.00 | |
| 2020 | counselling | | | |
| Face mask | | | | |
| Municipal Ordinance #01, Series | PHP 2,500.00 + | | | |
| 2020 Section 4 – | Imprisonment | - | - | |
| COVID-19 Discrimination | | | | |
| penalty | | | | |
| Municipal Ordinance #05, Series | PHP 2,500 | | | |
| 2019, Section 07 – | (Penalty) | - | - | |
| Local cultural property, historical | | | | |
| markers, monuments & shrines | | | | |



| Municipal Ordinance #06 Series | PHP 1,500.00 | PHP 2,000.00 | PHP 2,500.00 |
|--|---|---------------|------------------------------|
| 2019 - Ambulance Ordinance | · | · | · |
| Municipal Ordinance #15, Series | PHP 1,000.00 | PHP 1,500.00 | PHP 2,500.00 |
| 2019- Elderly protection against abuse | | | |
| Municipal Ordinance #08, Series | PHP 1,000.00 | PHP 2,000.00 | PHP 2,500.00 |
| 2018 – Wildlife protection, | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| preservation and conservation | | | |
| Municipal Ordinance #09, Series | PHP 1,000.00 | PHP 1,500.00 | PHP 2,500.00 |
| 2018 - Regulating agri-food | | | |
| processing & selling of food processed products | | | |
| Municipal Ordinance #27 Series | PHP 2,500.00 | | |
| 2018 section 4 Penalty | (Penalty) | - | - |
| (Burial on Private lot) | | | |
| Municipal Ordinance #06 Series | PHP 1,500 | PHP 2,000.00 | PHP 2,500.00 |
| 2017 Plastic ban | (Individual) | DLID 2 000 00 | DUD 2 500 00 |
| Municipal Ordinance #02, Series 2017 (Chico River preservation) | PHP 1,500.00 | PHP 2,000.00 | PHP 2,500.00 |
| Municipal Ordinance #04, Series | PHP 250.00 + | PHP 500.00 | PHP 1,500.00 |
| of 2016 Article E, Section 2e.3. | payment of | + payment of | + payment of |
| Damages to property | damages | damages | damages or |
| | | | 15 days of |
| Municipal Ordinance #04, Series | PHP 500.00 | PHP 1,000.00 | imprisonment PHP 1,500.00 |
| of 2016 Article F, Section 2f.3. | FHF 500.00 | FHF 1,000.00 | FHF 1,500.00 |
| Anti-public disturbance/ | | | |
| Alarming scandal | | | |
| Municipal Ordinance #04, Series | PHP 2,500. | | |
| of 2016 Article H, Section 2h.3. | or 6 months of | - | - |
| Anti-prank calls | imprisonment | DUD 1 500 00 | DHD 2 500 00 |
| Municipal ordinance #04, Series of 2016 Article I, Section 2i.4. | PHP 1,000.00 | PHP 1,500.00 | PHP 2,500.00 and |
| Stranger/s and unfamiliar | | | confiscation of |
| personalities entering different | | | goods, |
| barangay to conduct business | | | products or |
| activities | | | commodities |
| | | | gathered or |
| | | | utilized in the |
| | | | undertaking |
| Municipal Ordinance #04, Series | PHP 500.00 | PHP 1,000.00 | PHP 1,500.00 |
| of 2016 Article J, Section 2j.4. | | | |
| High school students from | | | |
| driving motor vehicles going to & from school to residence | | | |
| Trom school to residefice | | | |



| Municipal Ordinance #04, Series of 2016 (Illegal gambling) | PHP 1,000.00 or imprisonment of 15 days | - | - |
|--|---|--------------|--|
| Municipal Ordinance #04, Series of 2016 Anti-porn videos | PHP 200.00 | PHP 500.00 | PHP 1,000.00 or imprisonment of 10 days |
| Municipal Ordinance #15, Series of 2017 Section 112 Noise and vibration (for open muffler) | PHP 2,500.00 or 30 days of imprisonment | - | - |
| Executive Order No.26 Nationwide smoking ban | PHP500.00 | PHP 1,000.00 | PHP 5,000.00 |

Fees on Impounding of astray animals

Impounding fee:

| | PHP 500.00 |
|-------------------|------------|
| Large animal | |
| All other animals | PHP 250.00 |

Penalty: owner of animals caught astray and incurring damages to plants and properties

| First offense | PHP 250.00/day |
|------------------------------|----------------|
| Second offense | PHP 350.00/day |
| Third and subsequent offense | PHP 500/day |

Fee on impounded vehicles:

| Type of Vehicle | Rate of fee |
|----------------------------------|--------------|
| Heavy equipment | PHP 1,000.00 |
| Truck and bus | PHP 1,000.00 |
| Jeepney and other light vehicles | PHP 300.00 |
| Motorcycle | PHP 200.00 |



Issuance of Official Receipts on Police Clearance Fees

The Office of the Municipal Treasurer issues official receipts to all payments made for Police clearance fees to augment all purposes

| Office or Division: | Office of the | Office of the Municipal Treasurer | | |
|--|------------------------------|--|------------|--|
| Classification: | Simple | Simple | | |
| Type of Transactio | n: G2C | | | |
| Who may avail: | All | | | |
| CHECKLIST OF RE | QUIREMENTS | W | HERE TO SE | CURE |
| 1. Barangay clearan | ce (1 copy) | 1 copy) Barangay hall | | |
| 2. Community tax ce | rtificate | cate Office of the Municipal Treasurer | | surer |
| CLIENT STEPS | AGENCY ACTIONS | | | |
| 1.Payment of Police clearance fee to the Revenue collector | Issuance of official receipt | (Please see table of fees below) | 3 minutes | Revenue Collector/ Administrative Aide Treasury Office |
| | TOTAL | See table below | 3 | minutes |

Imposition of fees:

| 1. For local employment, scholarship, | Police clearance fee | PHP. 50.00 |
|---------------------------------------|-----------------------|-------------|
| study grant, and other purposes not | Documentary stamp tax | PHP. 30.00 |
| hereunder specified | Total amount of fees | PHP. 80.00 |
| 2. For change of name | Police clearance fee | PHP. 50.00 |
| | Documentary stamp tax | PHP. 30.00 |
| | Total amount of fees | PHP. 80.00 |
| 3. For application for Filipino | Police clearance fee | PHP. 150.00 |
| citizenship | Documentary stamp tax | PHP. 30.00 |
| | Total amount of fees | PHP. 180.00 |
| 4. For passport or visa application | Police clearance fee | PHP. 100.00 |
| | Documentary stamp tax | PHP. 30.00 |
| | Total amount of fees | PHP. 130.00 |
| 5. For firearms permit application | Police clearance fee | PHP. 150.00 |
| | Documentary stamp tax | PHP. 30.00 |
| | Total amount of fees | PHP. 180.00 |
| 6. For police blotter report | | PHP. 100.00 |
| 7. Other purposes: | | |
| a. Local | Police clearance fee | PHP. 75.00 |
| | Documentary stamp tax | PHP. 30.00 |
| | Total amount of fees | PHP.105.00 |
| b. Abroad | Police clearance fee | PHP.100.00 |
| | Documentary stamp tax | PHP. 30.00 |
| | Total amount of fees | PHP.130.00 |



Issuance of Official Receipts on Sanitary Inspection, Permit & Clearance Fee

The Office of the Municipal Treasurer issues official receipt to all collected payments to services and clearances obtained from the Suyo Municipal Health Office and Birthing Home of this municipality.

| Office or Division: | Office of the | e Municipal Tr | easurer | |
|-------------------------------|--|--|--------------------|--|
| Classification: | Simple | , | | |
| Type of Transaction: | G2C | | | |
| Who may avail: | All | | | |
| CHECKLIST C | F | 1 | WHERE TO SEC | URE |
| REQUIREMEN' | TS | | | |
| Filled up payment slip | Suyo Municipal Health Office and Birt Home - Rural Sanitary Inspector III | | | |
| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
| Payment of corresponding fees | Receive payment and issue official receipt | (Please refer to table of fees below) | 3 minutes | Revenue Collector/ Administrative Aide Treasury Office |
| | TOTAL | | 3 minutes | |

| Sanitary inspection and permit for business establishment | PHP 75.00/quarter or PHP 300.00/annually |
|--|--|
| Drinking water site clearance for water refilling station | PHP 100.00 |
| 3. Certificate of potability of drinking water for water refilling station | PHP 100.00 + PHP 30.00 (DS Tax) |



Issuance of Official Receipts on Secretary and Certification Fees

The Office of the Municipal Treasurer issues official receipt to all secretary's fees for all local documents needed by the clients

| Office or Division: | | Office of the Municipal Treasurer | | | | |
|----------------------------------|---|-----------------------------------|--|--------------------|--|--|
| Classification: | | Simple | Simple | | | |
| Type of Transaction: G2C | | | | | | |
| Who may avail: | | All | | | | |
| CHECKLIST OF REQUIREMENTS | | | WHERE TO SECURE | | | |
| Filled up payment slip | | Office concern | | | | |
| CLIENT STEPS | AGENCY ACTIONS | | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE | |
| 1. Payment of corresponding fees | Receive payment and issue official receipt | | (Please refer to table of fees below) | 3 minutes | Revenue Collector/ Administrative Aide Treasury Office | |
| | • | TOTAL | | 3 minutes | j | |

| Secretary's Fee | Amount of fee |
|---|-----------------------|
| A. For every page or fraction thereof typewritten | PHP 85.00 |
| B. For each certificate of correctness (with seal of | PHP 85.00 + PHP 30.00 |
| office written on the copy or attached thereto) | (DS Tax) |
| C. For certifying the official act of the municipal judge | PHP 85.00 + PHP 30.00 |
| or other judicial certificate with seal | (DS Tax) |
| D. For certified copies of any papers, records, | PHP 85.00 + PHP 30.00 |
| decrees, judgment or entry of which any person is | (DS Tax) |
| entitled to demand and receive a copy for each copy | |
| E. For certifications, clearances and affidavit | PHP 85.00 + PHP 30.00 |
| | (DS Tax) |
| F. Photocopy or any other copy produced by copying | PHP 85.00 + PHP 30.00 |
| machine per page | (DS Tax) |

| Certifications | Amount of fee |
|---|-----------------------|
| Medical certification | PHP 75.00 + PHP 30.00 |
| *For additional copy or subsequent issuance of a copy | (DS Tax) |
| of the initial medical certificate | PHP 25.00/copy |



Issuance of Official Receipts on Solicitation Permit

The Office of the Municipal Treasurer issues official receipt to solicitation fee in every person, group of persons or organizations who shall solicit money or any kind within the jurisdiction of the municipality regardless of the interest of the solicitor to the proceeds of the activity.

| Office or Division: Office of the N | | Municipal Treası | ırer | |
|-------------------------------------|---|------------------------------------|---------------|-------------|
| Classification: | Simple | | | |
| Type of Transaction | n: G2C, G2G | | | |
| Who may avail: | All | | | |
| CHECKLIST OF R | EQUIREMENTS | WI | HERE TO SEC | CURE |
| 1. Filled up paymen | t slip Office of the Municipal Social Welfare Development | | l Welfare and | |
| CLIENT STEPS | AGENCY | FEES TO BE | PROCESS | PERSON |
| | ACTIONS | PAID | ING TIME | RESPONSIBLE |
| 1. Payment of corresponding fees | ACTIONS Receive payment and issue official receipt | PAID Solicitation fee – PHP 300.00 | 3 minutes | |

| *Penalty of unlawful solicitation to any person, | PHP 1,000.00 and |
|---|------------------------------|
| organization or group of persons | confiscation of solicitation |
| (Municipal Ordinance No. 04, S. 2016 Art. B Sec. 3b.2.) | documents |



Issuance of Official Receipts on Special Permit for Cockfighting (Derby)

The Office of the Municipal Treasurer issues official receipts to all fees for clients securing permits for holding of cockfight

| Office or Division: | | Office of the | Municipal Trea | surer | | |
|---|---|-----------------|--|---------------------|--|--|
| Classification: | | Simple | Simple | | | |
| Type of Transaction | on: | G2C | | | | |
| Who may avail: | | All | | | | |
| CHECKLIST OF R | EQU | IREMENTS | WH | WHERE TO SECURE | | |
| 1. Letter Request (| etter Request (1 copy) | | Client | | | |
| CLIENT STEPS | AGENCY ACTIONS | | FEES TO BE PAID | PROCESS ING TIME | PERSON RESPONSIBLE | |
| 1. Payment of corresponding fees to the Revenue collector | Receive payment and issue official receipt | | (Please see table of fees below) | 3 minutes | Revenue Collector/ Administrative Aide Treasury Office | |
| | | TOTAL | | 3 minutes | j | |

Imposition of fees:

Amount of fee:

| · | |
|---|------------------|
| (A) Special cockfights (Pintakasi) | PHP 500.00/day |
| (B) Special derby assessment from promoters of: | |
| Two-cock derby | PHP 700.00/day |
| Three-cock derby | PHP 1,000.00/day |
| Four-cock derby | PHP 1,500.00/day |
| Five-cock derby | PHP 2,000.00/day |



Processing of Application and Assessment of Fees for Business/ Mayor's Permit Application

A Business Permit and Licensing Officer (BPLO) is necessary to carry-out the effective implementation of the Business Permits and Licensing System (BPLS) reforms in the municipality.

The Business Permits and Licensing Officer (BPLO) through an executive order designating the Municipal Treasurer in this municipality to perform and responsible for the processing of application and assessment of tax, fees and charges before the issuance of Business/Mayor's permits for every person or all enterprises before the start of their commercial operations.

The fee for the issuance of a Mayor's permit shall be paid to the Office of the Municipal Treasurer upon application before any business or undertaking can be lawfully begun or pursued and within the first twenty (20) days of January of each year in case of renewal thereof.

For a newly-started business or activity that starts to operate after January 20, the fee shall be reckoned from the beginning of the calendar quarter.

Upon submission of the application, it shall be the duty of the proper authorities to verify if other municipal requirements regarding the operation of the business or activity such as sanitary requirements, installation of power and light requirements, as well as other safety requirements are complied with. The permit to operate shall be issued only upon compliance with such safety requirements and after the payment of the corresponding inspection fees and other impositions requires by the municipal revenue code and other municipal tax ordinances of this municipality.

| Office or Division: | Office of the Municipal Treasurer | | |
|--|-----------------------------------|--|--|
| Classification: | Simple/Comple | ex | |
| Type of | G2C, G2B | | |
| Transaction: | | | |
| Who may avail: | any trade or co | atural or juridical being wishes to engage in ommercial activity within the municipality as a hood or a view to profit | |
| CHECKLIST OF REQUIREMENTS | | WHERE TO SECURE | |
| New Business Permit Applications: *Integration of Barangay Business Clearance into the BPLS (1 copy) *Community Tax Certificate or Cedula integrated in the Tax Bill (1 copy) 1.Proof of registration i.e., Certificate of Registration: | | *Office of the Municipal Treasurer/Barangay Liaison/Barangay concerned where business is located | |
| i) DTI Business Name Registration (for Sole Proprietorship) (1 copy) ii) SEC Registration (Corporation) (1 copy) | | Department of Trade & Industry (DTI- Negosyo Center-Suyo) Securities and Exchange Commission (SEC) | |



| iii) CDA Registration (Cooperative) (1 | Cooperative Development Authority |
|---|--|
| copy) | 2.Zoning Officer (MPDO)/Office of the |
| 2.Proof of right of applicant to use | Building Official |
| location as business address, which | 3 |
| may include any of the following: | Client/Office of the Municipal Assessor |
| i) <i>if owned</i> , proof of ownership – | Cherry Childs of the Mariolpal Addedder |
| Transfer Certificate of Title or Tax | Client/Applicant |
| | Client/Applicant |
| Declaration | |
| ii) if not owned by the applicant, | |
| Contract of Lease, Memorandum of | 3.Client/Applicant |
| Agreement, or written consent of | |
| property owner | 4.BFP-Suyo Fire Station |
| 3.Location plan or sketch of the | |
| location, clearly showing where | 5.BFP-Suyo Fire Station |
| business is located | |
| 4.Fire Safety Inspection Certificate for | |
| Occupancy, valid in the last 9 months | |
| 5.For applicants with valid FSIC for | |
| occupancy, Affidavit of undertaking | |
| that there had been no substantial | |
| changes made on the | |
| building/establishment given the FSIC | |
| Business Permit Renewal | |
| Applications: | *Office of the Municipal Treesurer/Parangey |
| | *Office of the Municipal Treasurer/Barangay |
| *Integration of Barangay Business | Liaison/Barangay concerned where business is located |
| Clearance into the BPLS (1 copy) | business is located |
| *Community Tax Certificate or Cedula | |
| integrated in the Tax Bill (1 copy) | |
| 1.Proof of annual gross receipts | 1.Client/Applicant |
| which may include: | |
| i) audited financial statements (AFS) | |
| or unaudited AFS for those who are | |
| not required to file AFS with the BIR | |
| or | |
| | |
| ii) sworn declaration of gross sales or | |
| receipts; or | |
| iii) income tax returns | |
| For Special Permits: | 4 Oliont/Ampliannt |
| 1. Letter Request address to the | 1.Client/Applicant |
| Local Chief Executive (1 copy) | |
| 2.Valid Identification (1 copy) | 2.Client or duly authorized representative |
| Additional Requirements For | |
| Selected Sectors: | |
| *In addition to those listed | *National Government Agencies (listed in |
| requirements above, LGUs may | Annex 4 per JMC No.1 Series 2021) |
| require clearances, permits, | |
| authorization and certifications in | |
| compliance to certain laws. | |
| Compliance to certain laws. | |



| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCES SING TIME | PERSON RESPONSIBL E |
|---|--|--|------------------------|--|
| 1. Get priority number at the entrance and wait for the number to be called then | Received filled-up UAF together with the complete documentary requirements for verification. | None | | Administrative Aide Treasury Office |
| submit the requirements and accomplished Unified Application Form (UAF) to the BPLO staff | Assessment of tax, fees and charges and compute if with tax deficiency then prepare Tax Order of Payment | (Determination of Gross receipts) | 30 minutes | BPLO/duly authorized representative Treasury Office |
| 2. Received Tax Order of Payment (TOP) and payment of required fees and charges | Prepare official receipt, attach in the filed application and process transaction | (Please refer to schedule of fees) | 10 minutes | Revenue Collector Treasury Office |
| 3.Wait and claim the Business/ Mayor's Permit | Issuance and approval of the permit at the Office of the Municipal Mayor | None | 1 Hour | Mun. Mayor/ Mun. Administrator Mayor's Office/ Mun. Administrator's Office |
| | Record transaction in the logbook and release business and related permits including plates for new and sticker | None | | Local Revenue Collection Officer I Treasury Office |
| | TOTAL | (Please refer to schedule of fees below) | 1 Hour | , 40 minutes |

| For purpose of the Mayor's Permit Fee, the following municipality's definition of | | | |
|---|--------------------------------|--|--|
| business size is hereby adopted: | | | |
| Enterprise Scale Asset Limit | | | |
| Micro Industry | PHP 5,000.00 to below | | |
| Cottage Industries | PHP 5,001.00 to PHP 10,000.00 | | |
| Small Scale Industries | PHP 10,001.00 to PHP 15,000.00 | | |



| Medium Scale Industries | PHP 15,001.00 to PHP 500,000.00 | |
|-------------------------|---------------------------------|--|
| Large Scale Industries | PHP 500,001.00 and above | |

A) On business subject to graduated fixed taxes

1. On manufacturers/importers/producers Amount of Fee per Annum:

| Micro Industry | PHP 100.00 |
|------------------------------|--------------|
| Cottage Industries | PHP 500.00 |
| Small Scale Industries | PHP 1,000.00 |
| Medium Scale Industries | PHP 2,500.00 |
| Extra Large Scale Industries | PHP 4,000.00 |

2. On Banks

| Rural, Thrift And Savings Banks | PHP 1,000.00 |
|--|--------------|
| Commercial, Industrial And Development Banks | PHP 3,000.00 |
| Universal Banks | PHP 5,500.00 |

3. On Other Financial Institutions

| Cottage Industries | PHP 1,000.00 |
|------------------------------|--------------|
| Small Scale Industries | PHP 3,000.00 |
| Medium Scale Industries | PHP 5,500.00 |
| Extra Large Scale Industries | PHP 6,500.00 |

4. On Contractors/Service Establishments

| Micro Industry | PHP 100.00 |
|-------------------------|--------------|
| Cottage Industries | PHP 400.00 |
| Small Scale Industries | PHP 800.00 |
| Medium Scale Industries | PHP 1,500.00 |
| Large Scale Industries | PHP 2,500.00 |

5. On Wholesalers/Retailers/Dealers or Distributors

| Micro Industry | PHP 200.00 |
|-------------------------|--------------|
| Cottage Industries | PHP 400.00 |
| Small Scale Industries | PHP 800.00 |
| Medium Scale Industries | PHP 1,000.00 |
| Large Scale Industries | PHP 1,500.00 |

6. Businesses

| Micro Industry | PHP 100.00 |
|-------------------------|--------------|
| Cottage Industries | PHP 400.00 |
| Small Scale Industries | PHP 800.00 |
| Medium Scale Industries | PHP 1,000.00 |
| Large Scale Industries | PHP 2,500.00 |



Administrative

Aide

Processing of Registration of Individual Brand and Registration of Large Animal and Issuance of Official Receipt for Animal Health Inspection and Transporting fee of Livestock and Large Animal

Upon reaching the age of two (2) years all large animal shall be registered with the Office of the Municipal Treasurer. Unregistered large animals shall not be given treatment and/or vaccine by the Office of the Municipal Agriculturist.

Owner of large animal shall register his/her animal with the Municipal Treasurer for which a Certificate of ownership shall be issued to the owner upon payment of corresponding fees

The ownership of large animal or its sale or transfer of ownership shall be registered with the Office of the Municipal Treasurer.

Animal health inspection fee and transporting fee shall be imposed on livestock and large animals transported through the municipality.

Office of the Municipal Treasurer

Office or Division:

ownership/transfer of registration of

and

individual brand.

| Office of Division: | | Office of the Municipal Treasurer | | | | |
|--|--|--|-----|------------------------------|-------------------------------------|--|
| Classification: | | Simple | | | | |
| Type of Transaction | on: | G2C | | | | |
| Who may avail: | | | | | | |
| CHECKLIST OF REQUIREMENTS WHERE TO SECURE | | | | | | |
| | n Individual Brand: | | | | | |
| 1. "Vinta" or Person | "Vinta" or Personal brand Client | | | | | |
| For Ownership/Tra | | | | | | |
| Certificate of orig | 1. Certificate of origin (1 copy) | | | | | re large animal |
| | | ,, | | | s from) | |
| 2. Certificate of title | to the | owner (1 original | | Owne | r of branded a | animal |
| copy) | . 41-1- | | | | | |
| | For shipment from this municipality: | | | Municipal Agriculture Office | | |
| • | Animal health inspection certificate | | | William | ipai Agricultu | re Onice |
| For shipment from other municipalities: Veterinary/Animal health certification | | | | | | |
| Veterinary/Animal h | ealth c | rertification | | Client' | s conv (proof | f of shipment) |
| Veterinary/Animal h | ealth c | certification | | | | f of shipment) PFRSON |
| Veterinary/Animal h | | ertification NCY ACTIONS | | ES TO | s copy (proof PROCES SING | PERSON |
| , | | | | | PROCES | |
| , | AGE | | | ES TO PAID | PROCES SING | PERSON RESPONSIBL |
| CLIENT STEPS | AGE Verify | NCY ACTIONS | BE | ES TO PAID | PROCES SING TIME | PERSON RESPONSIBL E Revenue Collector/ |
| 1. Provide the required documents to the | Verify docur | r presented ments, register cation to the | BE | ES TO PAID | PROCES SING TIME | PERSON RESPONSIBL E Revenue Collector/ Administrative |
| CLIENT STEPS 1. Provide the required | Verify docur applications | r presented ments, register cation to the d book and | BE | ES TO PAID | PROCES SING TIME | PERSON RESPONSIBL E Revenue Collector/ Administrative Aide |
| 1. Provide the required documents to the | Verify docur application record proces | r presented ments, register cation to the d book and ess the | BE | ES TO PAID | PROCES SING TIME | PERSON RESPONSIBL E Revenue Collector/ Administrative |
| 1. Provide the required documents to the | Verify docur application processing the correction of the correcti | r presented ments, register cation to the d book and ess the tration of | BE | ES TO PAID | PROCES SING TIME | PERSON RESPONSIBL E Revenue Collector/ Administrative Aide |
| 1. Provide the required documents to the | Verify docur application recorregist indivi | r presented ments, register cation to the d book and ess the tration of dual brand or | BE | ES TO PAID | PROCES SING TIME | PERSON RESPONSIBL E Revenue Collector/ Administrative Aide |
| 1. Provide the required documents to the | Verify docur application recorregists individually owned | r presented ments, register cation to the d book and ess the tration of dual brand or ership/transfer of | BE | ES TO PAID | PROCES SING TIME | PERSON RESPONSIBL E Revenue Collector/ Administrative Aide |
| 1. Provide the required documents to the Revenue collector | Verify docur application recomproces registal indivision owner owner with the control of the con | r presented ments, register cation to the d book and ess the tration of dual brand or ership/transfer of ership. | Non | ES TO PAID | PROCES SING TIME 5 minutes | PERSON RESPONSIBL E Revenue Collector/ Administrative Aide Treasury Office |
| 1. Provide the required documents to the | Verify docur application recorregists individually owner application owner applicati | r presented ments, register cation to the d book and ess the tration of dual brand or ership/transfer of | Nor | ES TO PAID | PROCES SING TIME | PERSON RESPONSIBL E Revenue Collector/ Administrative Aide |

of fees

below)



| Payment of | ownership/transfer of | | | Treasury Office |
|------------------|-----------------------|---------------------------|------------|-----------------|
| corresponding | ownership upon | | | |
| fees and receive | signing of the | | | |
| certificate | Municipal Treasurer, | | | |
| | Municipal Secretary | | | |
| | and Municipal Mayor. | | | |
| | TOTAL | (Please see table of fees | 10 minutes | |
| | | below) | | |

1.1. Owner of Large animal: Amount of fee:

| A. Certificate of ownership | PHP100.00/head |
|----------------------------------|----------------|
| Accountable form # 53 | PHP 5.00 |
| Total amount of fee | PHP 105.00 |
| B. Certificate of transfer | PHP100.00/head |
| Accountable form # 52 | PHP 10.00 |
| Total amount of fee | PHP 110.00 |
| C. Registration of Private brand | PHP100.00 |

1.2. Animal health inspection fee:

| Large animal | PHP 100.00/head |
|----------------|--------------------|
| Swine | PHP100.00/shipment |
| Goat and sheep | PHP100.00/shipment |
| Fowls | PHP100.00/shipment |

1.3. Transporting fee:

| Large animal | PHP 100.00/head |
|----------------|--------------------|
| Swine | PHP100.00/shipment |
| Goat and sheep | PHP100.00/shipment |
| Fowls | PHP100.00/shipment |

^{*}Penalty for buyers of unregistered large animal shall be fined one thousand (PHP 1,000.00) pesos plus impounding fee for each day or fraction thereof on each head of impounded large animal.

Impounding fee:

| A. Large animal | PHP 500.00 |
|----------------------|------------|
| B. All other animals | PHP 250.00 |

Veterinary services and other fees:

| Dog vaccination fee | PHP 60.00/head |
|-----------------------------|---|
| Animal treatment fee: | |
| A. Dewormer (Albendazole) | PHP 2.00/milligram |
| B. Castration | 50% of medicine used (based on the purchase |
| | cost) |
| C. Iron & vitamin injection | 50% of medicine used (based on the purchase |
| | cost) |

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Retirement/ Closure/ Termination of Business

Termination shall mean that business operations are stop completely. Any changes in ownership, management and/or name of the business shall not constitute termination as herein contemplated. Unless stated otherwise, assumption of the business by any new owner or manager or re-registration of the same business under a new name will only be considered by this municipality concerned for record purposes in the course of the renewal of the permit or license to operate the business.

The Municipal Treasurer shall see to it that the payment of taxes of a business is not avoided by simulating the termination or retirement thereof.

| Office or Division | n: | Office of the Municipal Treasurer | | | | | |
|---|---|-----------------------------------|--------------------|---|------------------------|--|--|
| Classification: | | Simple | | | | | |
| Type of Transac | tion: | G2C, G2B | | | | | |
| Who may avail: | | Business Ow | ners | | | | |
| CHECK | LIST C | F REQUIREM | IENTS | | WHERE | TO SECURE | |
| 1. Certificate of C | losure | (1 copy) | | | Barangay I | Hall | |
| 2. Proof of Payme original) | ent/ Cui | rent Mayor's F | Permit (1 | | Owner's pe | ersonal copy | |
| | 3. Sworn Statement of the Gross Sales or Receipts for the current calendar year | | | | Business Owner | | |
| 4. Business Licen | se Plat | e (If any) | | | Issued to the Business | | |
| CLIENT STEPS | | AGENCY ACTIONS | FEES TO BE PAID | | PROCESS ING TIME | PERSON RESPONSIBLE | |
| 1. Submit requirements for termination of business to the Office of the Municipal Treasurer | Verify docum | presented nents | None | 3 | sminutes | Local Revenue Collection Officer I/ Revenue Collection Clerk III Treasury Office | |



| 2. Payment of corresponding fees to the Revenue | 2.1 Assess retirement or termination of business based on | (See table of tax on business) Additional | 7 minutes | Local Revenue Collection Officer I/ Revenue |
|---|---|---|------------|--|
| collector, sign in the logbook and wait for the processing of certification | the gross sales or receipts, if business is liable for the payment of tax, fees and charges and prepare order of payment 2.2 Receive fill up order of payment, prepare official receipt and record | fee: certificate of closure- PHP 85.00 + DS Tax PHP30.00 | | Collection Clerk III Treasury Office |
| | the transaction in the logbook and forward to the Municipal Mayor or his authorized personnel for signature | | | |
| 3. Receive Certificate of closure | Issuance of certificate at the Office of the Municipal Mayor, record transaction in the logbook and release the retirement/closure certificate | None | 5 minutes | Municipal Mayor/ Municipal Administrator Local Revenue Collection Officer I/ Revenue Collection Clerk III |
| | TOTAL | | 15 minutes | Treasury Office |



OFFICE OF THE MUNICIPAL TREASURER

INTERNAL SERVICES



Payment of Salaries and Wages and Honorariums

The Office of the Municipal Treasurer process the payment of approved checks for salaries and wages and honorarium

| Office or Division | n: | Office of the Municipal Treasurer | | | | |
|--|----------------|--|-----------------------|--|---|--|
| Classification: | | Simple | | | | |
| Type of Transac | tion: | G2G | | | | |
| | | | | gay Agriculture Ex Orders) And All LG | | |
| CHECKLIST O | F REQ | UIREMENTS | | WHERE TO SE | CURE | |
| 1. Approved ched | ck for e | encashment Office of the Municipal Treasurer | | | | |
| 2. Payroll | Office concern | | | | | |
| CLIENT STEPS | | AGENCY ACTIONS | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE | |
| 1. Sign in the payroll and receive salary, | | ncashment of as at the LBP | None | 30 minutes | <i>Municipal</i> <i>Treasurer</i> Treasury Office | |
| wage or honorarium | salari | elease es and wages norariums | None | 5 minutes | Municipal Treasurer Treasury Office | |
| | | TOTAL | | 35 minutes | | |



Processing of Disbursement Vouchers and Issuance of Check

The Office of the Municipal Treasurer process Disbursement Vouchers for issuance of checks

| Office or Div | ision: | Office of the Municipal Treasurer | | | | | |
|---|---|---|-----------------------|---------------------------|--|--|--|
| Classificatio | | Simple | | | | | |
| Type of Tran | | G2C, G2B, | , G2G | | | | |
| Who may av | | All | -1 | | | | |
| | ECKLIST (UIREMEN | | | WHERE TO S | ECURE | | |
| Disbursemen | | | Office of the | e Municipal Acc | ountant | | |
| complete sup | | | Office of the | c Mariicipai 7.00 | ountant | | |
| CLIENT STEPS | | Y ACTIONS | FEES TO BE PAID | PROCESSIN G TIME | PERSON RESPONSIBLE | | |
| 1. Forward Disburseme nt Vouchers with complete | correctne availabilit and appr | ew as to the ess, certify by of funds oval of ment vouche | None | 5 minutes per transaction | Municipal Treasurer Treasury Office | | |
| supporting documents for signature of the | Office of Mayor/Vi | ard to the the Municipa ce Mayor for of payment | None I | 5 minutes | Municipal Mayor/ Vice Mayor Mayor's Office/ Vice-Mayor's Office | | |
| Municipal Treasurer | 1.3 Preparation of check | | None | 5 minutes | Local Treasury Operation Officer II Treasury Office | | |
| | 1.4 Forward checks to the Office of the Municipal Mayor/Vice Mayor for signature | | None | 2 minutes | Municipal Mayor/ Vice Mayor | | |
| | 1.5 Forward checks to the Municipal Treasurer for signature 1.6 Forward checks to the Office of the Municipal Accountant for preparation of Accountant's advice | | None None | 2 minutes | Municipal Treasurer Treasury Office | | |
| | | | None | 5 minutes | Management Audit Analyst II/ Administrative Assistant III Accounting Office | | |
| | 1.7 Provi | de copy of int's advice | None | 30 minutes | Municipal Treasurer/ Local Treasury Operations Officer /Local Revenue Operations Officer Treasury Office | | |



| | TOTAL | | 1 Hour | |
|------------|----------------------|------|-----------|-------------------------------------|
| check | to payees | | | Administrative Aide Treasury Office |
| 2. Receive | Releasing of checks | None | 2 minutes | Revenue Collector/ |
| | | | | Treasury Office |
| | | | | Operations Officer |
| | Check register | | | /Local Revenue |
| | the corresponding | | | Operations Officer |
| | 1.8 Record checks in | None | 4 minutes | Local Treasury |



OFFICE OF THE MUNICIPAL ENGINEER

EXTERNAL SERVICES



Engineering Services and Consultation

Engineering services means any service or work, the adequate performance of which requires planning and design of engineering works and systems and the review of construction for the purpose of assuring substantial compliance with drawings and specifications; any of which embrace such services or work, either public or private, in connection with any utilities, structures, buildings, machines, equipment, processes, work systems, projects and industrial or consumer products or equipment of a mechanical, electrical, hydraulic, insofar as they involve safeguarding life, health or property, and including such other professional services as may be necessary to the planning, progress and completion of any engineering services.

| Office: | | Office of the Municipal Engineer (OME) | | | | |
|---|---------------------------|--|------------|---------------------|--|--|
| Classification: | | Simple | | | | |
| Type of Transacti | on: | G2C, G2G | | | | |
| Who may avail: | | Public, Gov | ernment Ag | encies, Barangay | units and other | |
| | | Accredited sectoral groups | | | | |
| CHECKLIST | OF F | REQUIREME | NTS | WHERE T | O SECURE | |
| 1. Request Letter of | r Ver | bal Request | | Client | | |
| CLIENT STEPS | | GENCY | FEES TO | PROCESSING | PERSON | |
| CLIENT STELLS | Α | CTIONS | BE PAID | TIME | RESPONSIBLE | |
| Submit Request Letter or Verbal Actions. | Rec requ | eive the lest. | None | 2 minutes | Engineering Assistant Engineering Office | |
| 2. Attend dialogue with the Municipal Engineer. | Dialogue with the Client. | | None | 15 to 30 minutes | Municipal Engineer Engineering Office | |
| 3. Receive the recommendation. | Rec | ommending on. | None | 15 to 30 minutes | Municipal Engineer Engineering Office | |
| | | TOTAL None 1 hour and 2 minutes | | | | |



Issuance of Building Inspection Clearance for Business Permit (New)

Business enterprises are required to secure building permit inspection approval from the Municipal Engineer's Office before the start of commercial operations and during the annual renewal of business permits. This is part of the process of securing a Business License/Mayor's Permit.

| Office: | Office: Office of the Municipal Engineer (OME) | | | | | |
|-------------------------------------|--|----------------|-------------------|-------------------|--------------------------------|--|
| Classification: | | | | | | |
| Type of Transacti | on: | G2B | | | | |
| Who may avail: | | | All entrepreneurs | | | |
| | CHECKLIST OF REQUIREMENTS WHERE TO SECURE | | | | | |
| 1. Duly accomplish | | | it | Office of the Mu | nicipal Treasurer | |
| application form (1 | | | | _ | | |
| 2. Contract of Leas | se/Coi | nsent – if app | olicant is a | Lot/Building Ow | ner | |
| lessee (1 original) | | | | 011 1 | | |
| 3. Detailed informa | ition a | bout the bus | siness (1 | Client | | |
| original) | /4 - | | | Oliont | | |
| 4. Sketch of location | | GENCY | FEES TO | Client PROCESSING | PERSON | |
| CLIENT STEPS | | CTIONS | BE PAID | TIME | RESPONSIBLE | |
| 1. Sign in Client | | duct brief | None | 4 | Engineering | |
| Log Book and | | view and | 110110 | minutes | Assistant | |
| submit | verif | | | | Engineering | |
| requirements for | subr | nitted | | | Office | |
| verification and | requ | irements. | | | | |
| get schedule of | | | | | | |
| building | | | | | | |
| inspection. | | | | | , | |
| 2. Wait for the | 2.1. | | None | 2 hours and | Engineer I/ | |
| Municipal | | ection by | | 30 minutes | Municipal Engineer | |
| Engineer and his | | onnel/staff | | | Engineering | |
| staff to inspect the business site. | requ | irements. | | | Office | |
| the business site. | 2.2. | Prepares | None | 2 | Engineer I | |
| | | ection | | minutes | Engineering | |
| | | rance. | | | Office | |
| | | Signs the | None | 30 | Municipal | |
| | | ection | | seconds | <i>Engineer</i> Engineering | |
| | Clea | rance. | | | Office | |
| 3. Wait for the | Rele | ases | None | 1 | Engineering | |
| processing and | Inspection | | | minute | Assistant | |
| release of | | rance. | | | Engineering | |
| Inspection | | | | | Office | |
| Clearance. | | | | | | |
| | | TOTAL | None | • | ninutes and 30 | |
| | | | | sec | onds | |



Issuance of Building Inspection Clearance for Business Permit (Renewal)

Business enterprises are required to secure inspection approval from the Municipal Engineer's Office before the start of commercial operations and during the annual renewal of business permits. This is part of the process of securing a Business License/Mayor's Permit.

| Office: | Office of the Municipal Engineer (OME) | | | | |
|------------------------------------|--|-------------------|-----------|------------------|--------------------------|
| Classification: | | Simple | | | |
| Type of Transacti | on: | G2B | | | |
| Who may avail: All business owners | | | | | |
| CHECKLIST | | | | | O SECURE |
| 1. Duly accomplish | | • | it | Office of the Mu | nicipal Treasurer |
| application form (1 | | | | | |
| 2. Detailed informa | ition a | bout the bus | siness (1 | Client | |
| Photocopy) | | | | | |
| 3. Sketch of location | | | | Client | |
| CLIENT STEPS | _ | GENCY | FEES TO | PROCESSING | PERSON |
| | | CTIONS | BE PAID | TIME | RESPONSIBLE |
| 1. Sign in Client | | duct brief | None | 1 | Engineering Assistant |
| Log Book and | ınter | view. | | minute | Assistant Engineering |
| brief interview. | | | | | Office |
| 2. Submit | 2.1. | Assess | None | 3 | Engineering |
| documents for | subr | mitted | | minutes | Assistant/ |
| the assessment | docu | uments. | | | Engineer I |
| of the required | | | | | Engineering |
| Annual | 2.2 | Droporos | None | 2 | Office Engineer I |
| Inspection Fee. | | Prepares ection | None | minutes | Engineering |
| | | ection trance. | | minutes | Office |
| | | Signs the | None | 30 | Municipal |
| | | ection | None | seconds | Engineer |
| | | rance. | | 00001140 | Engineering |
| | 0.00 | | | | Office |
| 3. Wait for the | | eases | None | 1 | Engineering |
| processing and | Inspection | | | minute | Assistant |
| release of | Clearance. | | | | Engineering Office |
| Inspection | | | | | Office |
| Clearance. | | | | | |
| | | TOTAL | None | 7 minutes an | d 30 Seconds |



Office

Issuance of Building Permit and Plumbing/ Sanitary Permit

A Building Permit is required prior to construction, alteration, major repair, or renovation or conversion of any building/structure owned by government or private entities. The permit becomes null and void if work does not commence within 1 year from the date of such permit, or if the building or work is suspended or abandoned at any time after it has been commenced for a period of 120 Days.

| Office: | | | Office of the Municipal Engineer (OME) | | | | | |
|------------------------------|--------|---|--|---|----------------|------------------|--|--|
| Classification: | | Simple | Simple | | | | | |
| Type of Transacti | on: | G2C | | | | | | |
| Who may avail: | | All those who undergo construction, renovation, rep | | | | | | |
| | | | | n of an | y building o | | | |
| CHECKLIST | | | | | WHERE TO | | | |
| 1. Tax Declaration | | | ору) | | | essor's Office | | |
| 2. Barangay Cleara | | | | | | ngay Captain | | |
| 3. Current Real Pro | perty | Tax Receip | t (1 | Office | of the Mun | icipal Treasurer | | |
| photocopy) | | | | | | | | |
| 4. Proof of Owners | | | | | er/Client | | | |
| 5. Complete five (5 | | | | | | t or Licensed | | |
| sealed by Licensed | d Arch | itect/Engine | er (blue | Engin | eers | | | |
| print/white print) | | - | | | | | | |
| 6. Bill of Materials | | | | Licensed Architect or Licensed | | | | |
| by Licensed Archite | ect or | Licensed Er | ngineers | Engineers | | | | |
| (1 original) | | | | | | | | |
| 7. Photocopy of Lic | | | | Licensed Architect or Licensed | | | | |
| Architect/Engineers | s who | signed the p | olans (1 | Engineers | | | | |
| copy) | 1 / | 21 | | Municipal Diagrams and | | | | |
| 8. Approved Locati | onai (| Jiearance (1 | originai) | Municipal Planning and | | | | |
| O. Dudu a a a a marilia la | l D. | ilalia a Damai | 4 a.a.d | Development Office Office of the Municipal Engineer | | | | |
| 9. Duly accomplish | | | | Office | e of the Mun | icipai Engineer | | |
| Plumbing/Sanitary | Pellii | it Folili (1 ol | igiriai, 3 | | | | | |
| Photocopy) 10. Approved Fire | Safati | , Cloaranco | /1 | Bureau of Fire Protection | | | | |
| original) | Salety | y Clearance | (1 | Duite | au oi File Fil | Diection | | |
| original) | | | FEES TO |) BF | PROCES | | | |
| CLIENT STEPS | | GENCY | IENCY | | SING | PERSON | | |
| OLILITI OTLI O | A | CTIONS | PAI |) | TIME | RESPONSIBLE | | |
| 1. Sign in Client | Con | duct brief | None | | 10 | Engineering | | |
| Log Book and | | view and | | | minutes | Assistant/ | | |
| submit | revie | ews | | | | Engineer I | | |
| requirements for | subr | nitted | | | | Engineering | | |

verification.

documents.



| 2. Pays Building Permit Fee at the Office of the Municipal Treasurer | Order of Payment Fees shall be subject to the Building Code Fees. | Refer to Table I for the Schedule of Fees | 5 minutes | Office of the Municipal Treasurer Staff Treasury Office |
|--|---|--|--------------|--|
| 3. Receives approved Building Permit | Releases approved Building Permit | None | 3 minutes | Engineering Assistant/ Engineer I/ Municipal Engineer Engineering Office |
| | TOTAL | Refer to Table I for the Schedule of Fees | 18 minutes | 5 |

TABLE I

NEW SCHEDULE OF FEES AND OTHER CHARGES (BUILDING PERMIT):

- 1. Bases of assessment:
- a. Character of occupancy or use of building/structure
- b. Cost of construction
- c. Floor area
- d. Height
- 2. Regardless of the type of construction, the cost of construction of any building / structure for the purpose of assessing the corresponding fees shall be based on the following table:

Table 1.1. On Fixed Cost of Construction Per Sq. Meter

| LOCATION | GROUP | | | | |
|----------------------------------|---------------------------|---------------|---------------|--|--|
| All Cities and Municipalities | A, B, C, D, E, G, H, I | F | J | | |
| Municipalities | Php 10, 000.00 | Php 8, 000.00 | Php 6, 000.00 | | |

3. Construction/addition/renovation/alteration of buildings / structures under Group/s and Sub-Divisions shall be assessed as follows:

A. Division A-1

| NO. | AREA IN SQ. METERS | FEE PER |
|------|--|-----------|
| INO. | | SQ. METER |
| 1 | Original complete construction up to 20 sq.meters | 2.00 |
| 2 | Additional/renovation/alteration up to 20 sq. meters | 2.40 |
| 2 | regardless of floor area of original construction | |
| 3 | Above 20.00 sq. meters to 50 sq. meters | 3.40 |



| 4 | Above 50.00 sq. meters to 100 sq. meters | 4.80 |
|---|--|------|
| 5 | Above 100.00 sq. m to 150 sq. meters | 6.00 |
| 6 | Above 150.00 sq. meters | 7.20 |

B. Division A-2

| AREA IN SQ. METERS | FEE PER SQ. METER |
|--|---|
| Original complete construction up to 20 sq.meters | 3.00 |
| Additional/renovation/alteration up to 20 sq. meters regardless of floor area of original construction | 3.40 |
| Above 20.00 sq. meters to 50 sq. meters | 5.20 |
| Above 50.00 sq. meters to 100 sq. meters | 8.00 |
| Above 100.00 sq. m to 150 sq. meters | 8.40 |
| | Original complete construction up to 20 sq.meters Additional/renovation/alteration up to 20 sq. meters regardless of floor area of original construction Above 20.00 sq. meters to 50 sq. meters Above 50.00 sq. meters to 100 sq. meters |

C. Divisions B-1 / C-1 / E-1, 2, 3 / F-1 / G-1, 2, 3, 4, 5 / H-1, 2, 3, 4 / I-1 and J-1, 2, 3

| NO | NO. AREA IN SQ. METERS | |
|------|------------------------|-------|
| 140. | | |
| 1 | Up to 5,000 | 23.00 |
| 2 | Above 5,000 to 6,000 | 22.00 |
| 3 | Above 6,000 to 7,000 | 20.50 |
| 4 | Above 7,000 to 8,000 | 19.50 |
| 5 | Above 8,000 to 9,000 | 18.00 |
| 6 | Above 9,000 to 10,000 | 17.00 |
| 7 | Above 11,000 to 15,000 | 16.00 |
| 8 | Above 15,000 to 20,000 | 15.00 |
| 9 | Above 20,000 to 30,000 | 14.00 |
| 10 | Above 30,000 | 12.00 |

NOTE:

Computation of the building fee for item 3.c. is cumulative. The total area is split up into sub-areas corresponding to the area bracket indicated in the Table above. Each sub-area and the fee corresponding to its area bracket are multiplied together.

D. Division C-2 / D-1, 2, 3

| NO | NO. AREA IN SQ. METERS | |
|-----|------------------------|-------|
| NO. | | |
| 1 | Up to 5,000 | 12.00 |
| 2 | Above 5,000 to 6,000 | 11.00 |
| 3 | Above 6,000 to 7,000 | 10.20 |
| 4 | Above 7,000 to 8,000 | 9.60 |
| 5 | Above 8,000 to 9,000 | 9.00 |
| 6 | Above 9,000 to 10,000 | 8.40 |
| 7 | Above 11,000 to 15,000 | 7.20 |
| 8 | Above 15,000 to 20,000 | 6.60 |



| 9 | Above 20,000 to 30,000 | 6.00 |
|----|------------------------|------|
| 10 | Above 30,000 | 5.00 |

NOTE:

Computation of the building fee in item 3.d. follows the example of Section 3.c. of this Schedule.

PLUMBING PERMIT:

A. Installation Fees, one (1) "UNIT" composed of one (1) water closet, two (2) floor drains, one (1) lavatory, one (1) sink with ordinary trap, three (3) faucets and one (1) shower head. A partial part thereof shall be charged as that of the cost of a whole "UNIT".

B. Every fixture in excess of one unit:

| Ph | p 24 | 00 |
|----|------|----|
|----|------|----|

| NO. | FIXTURE UNIT | FEE |
|-----|-------------------|------|
| 1 | Each water closet | 7.00 |
| 2 | Each floor drain | 3.00 |
| 3 | Each sink | 3.00 |
| 4 | Each lavatory | 7.00 |
| 5 | Each faucet | 2.00 |
| 6 | Each shower head | 2.00 |

C. Special Plumbing Fixtures:

| NO. | FIXTURE UNIT | FEE |
|-----|--------------------------------|------|
| 1 | Each slope sink | 7.00 |
| 2 | Each urinal | 4.00 |
| 3 | Each bath tub | 7.00 |
| 4 | Each grease trap | 7.00 |
| 5 | Each garage trap | 7.00 |
| 6 | Each bidet | 4.00 |
| 7 | Each dental cuspidor | 4.00 |
| 8 | Each gas-fired water heater | 4.00 |
| 9 | Each drinking fountain | 2.00 |
| 10 | Each bar or soda fountain sink | 4.00 |
| 11 | Each laundry sink | 4.00 |
| 12 | Each laboratory sink | 4.00 |
| 13 | Each fixed-type sterilizer | 2.00 |

D. Each water meter

| Ρ | r | 1 | р | 2 | U | U | |
|---|---|---|---|---|---|---|--|
| | | | | | | | |

| NO. | FIXTURE UNIT | FEE |
|-----|---------------|-------|
| 1 | 12 to 25 mm Ø | 8.00 |
| 2 | Above 25 mm Ø | 10.00 |

E. Construction of septic tank, applicable in all Groups

| NO. | FIXTURE UNIT | FEE |
|-----|---|------|
| 1 | Up to 5.00 cu. meters of digestion chamber | 8.00 |
| 2 | Every cu. Meter or fraction thereof in excess of 5.00 cu.meters | 7.00 |



ACCESSORIES OF THE BUILDING/STRUCTURE FEES:

- **A.** All parts of buildings which are open on two (2) or more sides, such as balconies, terraces, lanais and the like, shall be charged 50% of the rate of the principal building of which they are a part (Sections 3.a. to 3.d. of this Schedule).
- **B.** Buildings with a height of more than 8.00 meters shall be charged an additional fee of twenty-five centavos (P 0.25) per cu. meter above 8.00 meters. The height shall be measured from the ground level up to the bottom 202 of the roof slab or the top of girts, whichever applies.
- C. Bank and Records Vaults with interior volume
 up to 20.00 cu. meters
 In excess of 20.00 cu. meters
 Php 20.00
 Php 8.00
- **D.** Swimming Pools, per cu. meter or fraction thereof:

| 1. GROUP A Residential | Php 3.00 |
|--|-----------|
| 2. Commercial/Industrial GROUPS B, E, F, G | Php 36.00 |
| 3. Social/Recreational/Institutional GROUPS C, D, H, I | Php 24.00 |

- 4. Swimming pools improvised from local indigenous materials such as rocks, stones and/or small boulders and with plain cement flooring shall be charged 50% of the above rates.
- 5. Swimming pool shower rooms/locker rooms:

| a. Per unit or fraction thereof | Php 60.00 |
|---------------------------------|-----------|
| b. Residential GROUP A | Php 6.00 |
| c. GROUP B, E, F, G | Php18.00 |
| d. GROUP C, D, H | Php 12.00 |

E. Construction of firewalls separate from the building:

| Per sq. meter or fraction thereof | Php 3.00 |
|--|-----------|
| 2. Provided, that the minimum fee shall be | Php 48.00 |

F. Construction / erection of towers: Including Radio and TV towers, water tank supporting structures and the like:

| NO. | USE OR CHARACTER OF OCCUPANCY | SELF- | TRILON |
|-----|---|------------|---------|
| NO. | USE ON CHARACTER OF OCCUPANCY | SUPPORTING | (GUYED) |
| 1 | Single detached dwelling units | 500.00 | 150.00 |
| | Commercial/Industrial | 2,400.00 | 240.00 |
| | (Groups B, E, F, G) up to 10 meters in height | | |
| 2 | | | |
| | a. Every meter or fraction thereof in excess of | 120.00 | 12.00 |
| | 10.00 meters | | |
| | Educational / Recreational / Institutional | 1,800.00 | 180.00 |
| | (Groups C, D, H, I) up to 10 meters in height | | |
| 3 | | | |
| | a. Every meter or fraction thereof in excess of | 120.00 | 12.00 |
| | 10.00 meters | | |



| G. | Storage Silos, up to 10.00 meters in height | Php 2,400.00 |
|-----|--|--------------|
| NO. | STORAGE HEIGHT | FEE |
| 1 | Every meter or fraction thereof in excess of 10 meters | 150.00 |
| 2 | Silos with platforms or floors shall be charged an additional fee in accordance with Section 3.e. of this Schedule | |

H. Construction of Smokestacks and Chimneys for Commercial/Industrial Use Groups B, E, F and G:

| NO. | STORAGE HEIGHT | FEE |
|-----|--|--------|
| 1 | Smokestacks up to 10.00 meters in height, measured from the base | 240.00 |
| ı | a. Every meter or fraction thereof in excess of 10.00 meters | 12.00 |
| | Chimney up to 10.00 meters in height, measured from the base | 48.00 |
| 2 | a. Every meter or fraction thereof in excess of 10.00 meters | 2.00 |

- I. Construction of Commercial/Industrial Fixed Ovens, per sq. meters or fraction thereof of interior floor areas Php 48.00
- J. Construction of Industrial Kiln/Furnace, per cu. meter or fraction thereof of volume
 Php 12.00

K. Construction of reinforced concrete or steel tanks or above ground GROUPS A and B, up to 2.00 cu. metersPhp 12.00

| NO. | STRUCTURE TYPE | FEE |
|-----|---|--------|
| 1 | Every cu. m or fraction thereof in excess of 2.00 cu. | 12.00 |
| | meters | |
| | For all other than Groups A and B up to 10.00 cu. meters | 480.00 |
| 2 | | |
| | a. Every cu. meter or fraction thereof in excess of 10.00 | 24.00 |
| | cu. meters | |

Construction of Water and Waste Water Treatment
 Tanks: (Including Cisterns, Sedimentation and Chemical
 Treatment Tanks) per cu. meter of volume

Php 7.00

M. Construction of reinforced concrete or steel tanks for Commercial/Industrial Use:

| NO. | STRUCTURE TYPE | FEE |
|-----|---|--------|
| | Above ground, up to 10.00 cu. meters | 480.00 |
| 1 | Every cu. m or fraction thereof in excess of 10.00 cu. meters | 24.00 |
| 2 | Underground, up to 20.00 cu. meters | 540.00 |



| | Every cu. meter or fraction thereof in excess of 20.00 cu. meters | 24.00 |
|---|---|-------|
| N. Pull-outs and Reinstallation of Commercial/Industrial Steel Tanks: | | |

| NO. | STRUCTURE TYPE | FEE |
|-----|--|------|
| 1 | Underground, per cu. meter or fraction thereof of excavation | 3.00 |
| 2 | Saddle or trestle mounted horizontal tanks, per cu. meter or fraction thereof of volume of tank | 3.00 |
| 3 | Reinstallation of vertical storage tanks shall be the same as new construction fees in accordance with Section 8.k. above. | |

O. Booths, Kiosks, Platforms, Stages and the like, per sq. meter or fraction thereof of floor area:

| NO. | STRUCTURE TYPE | FEE |
|-----|---|-------|
| 1 | Construction of permanent type | 10.00 |
| 2 | Construction of temporary type | 5.00 |
| 3 | Inspection of knock-down temporary type, per unit | 24.00 |

P. Construction of buildings and other accessory structures within cemeteries and memorial parks:

| NO. | STRUCTURE TYPE | FEE |
|-----|--|-------|
| 1 | Tombs, per sq. meter of covered ground areas | 5.00 |
| 2 | Semi-enclosed mausoleums whether canopied or not, per sq. meter of built-up area | 5.00 |
| 3 | Totally enclosed mausoleums, per sq. meter of floor area | 12.00 |
| 4 | Multi-level interment niches, per sq. meter per level | 5.00 |
| 5 | Columbarium, per sq. meter | 18.00 |

ACCESSORY FEES:

- A. Establishment of Line and Grade, all sides fronting or abutting 206 streets, esteros, rivers and creeks, first 10.00 meters Php 24.00
 - 1. Every meter or fraction thereof in excess of 10.00 meters Php 2.40
- B. Ground Preparation and Excavation Fee
 - 1. While the application for Building Permit is still being processed, the Building Official may issue Ground Preparation and Excavation Permit (GP&EP) for foundation, subject to the verification, inspection and review by the Line and Grade Section of the Inspection and Enforcement Division to determine compliance to line and grade, setbacks, yards/easements and parking requirements.

| NO. | PARTICULARS | FEE |
|-----|--|--------|
| 1 | Inspection and Verification Fee | 200.00 |
| 2 | Per cu. meters of excavation | 3.00 |
| 3 | Issuance of GP & EP, superseded upon issuance of Building Permit | 50.00 |



| 4 | Per cu. meter of excavation for foundation with basement | 4.00 |
|---|--|--------|
| 5 | Excavation other than foundation or basement, per cu. | 3.00 |
| 5 | meter | |
| 6 | Encroachment of footings or foundations of buildings / structures to public areas as permitted, per sq. meter or | 250.00 |
| | fraction thereof of footing or foundation encroachment | 250.00 |

C. Construction of Pavements, up to 20.00 sq. meters

Php 24.00

- D. In excess of 20% or fraction thereof of paved areas intended for commercial/industrial/institutional use, such as parking and sidewalk areas, gasoline station premises, skating rinks, pelota courts, tennis and basketball courts and the like
 Php 3.00
- E. Use of Streets and Sidewalks, Enclosures and occupancy of Sidewalks up to 20.00 sq. meters, per calendar month Php 240.00
 - Every sq. meter or fraction thereof in excess of 20.00 sq. meters

Php 12.00

shall be Php 200.00

F. Erection of Scaffoldings Occupying Public Areas, per calendar month.

| NO. | PARTICULARS | FEE | | | | |
|-----|--|--------|--|--|--|--|
| 1 | Up to 10.00 meters in length | 150.00 | | | | |
| 2 | Every lineal meter or fraction thereof in excess of 10.00 meters | 12.00 | | | | |

G. Sign Fees:

| NO. | <u> </u> | FEE | | | |
|-----|---|-------------|------------------------|--|--|
| 1 | Erection and anch meters of signboar | 120.00 | | | |
| | a. Every sq. meter meters | of 4.00 sq. | 24.00 | | |
| 2 | Installation Fees, p TYPE OF SI DISPLAY Neon Illuminated Others Painted-on | GN | 24.00 36. 15.00 24. | | |
| 3 | Annual Renewal Fees, per sq. meter of display surface or fraction thereof: TYPE OF SIGN BUSINESS SIGNS ADVERTISING SIGNS DISPLAY Php 36.00, minimum fee shall be Php 124.00 shall be Php 200.00 | | | | |

shall be Php 124.00



| Illuminated | Php 18.00, minimum fee shall be Php 72.00 | Php 38.00, minimum fee shall be Php 150.00 |
|-------------|---|--|
| Others | Php 12.00, minimum fee shall be Php 40.00 | Php 20.00, minimum fee shall be Php 110.00 |
| Painted-on | Php 8.00, minimum fee shall be Php 30.00 | Php 12.00, minimum fee shall be Php 100.00 |

H. Repairs Fees:

- 1. Alteration/renovation/improvement on vertical dimensions of buildings/structures in square meter, such as facades, exterior and interior walls, shall be assessed in accordance with the following rate, for all Groups

 Php 5.00
- 2. Alteration/renovation/improvement on horizontal dimensions of buildings/structures, such as floorings, ceilings and roofings, shall be assessed in accordance with the following rate, for all Groups Php 5.00
- 3. Repairs on buildings/structures in all Groups costing more than five thousand pesos (P 5,000.00) shall be charged 1% of the detailed repair cost (itemized original materials to be replaced with same or new substitute and labor)
- I. Raising of Buildings/Structures Fees:
 - 1. Assessment of fees for raising of any buildings/structures shall be based on the new usable area generated.
 - 2. The fees to be charged shall be as prescribed under Sections 3.a. to 3.e. of this Schedule, whichever Group applies.

ANNUAL INSPECTION FEES:

- A. Divisions A-1 and A-2:
- 1. Single detached dwelling units and duplexes are not subject to annual inspections.
- 2. If the owner request inspections, the fee for each of the services enumerated below is Php 120.00
 - a. Land Use Conformity
 - b. Architectural Presentability
 - c. Structural Stability
 - d. Sanitary and Health Requirements
 - e. Fire-Resistive Requirements
- B. Divisions B-1/D-1, 2, 3/E-1, 2, 3/F-1/G-1, 2, 3, 4, 5/ H-1, 2, 3, 4/ and I-1, Commercial, Industrial Institutional buildings and appendages shall be assessed area as follows:

| NO. | AREA DIMENSION | FEE |
|-----|--|--------|
| 1 | Appendage of up to 3.00 cu. meters/unit | 150.00 |
| 2 | Every cu. meter or fraction thereof in excess of 3.00 cu | 50.00 |



| | meters | |
|---|---|----------|
| 3 | Floor area to 100.00 sq. meters | 120.00 |
| 4 | Above 100.00 sq. meters up to 200.00 sq. meters | 240.00 |
| 5 | Above 200.00 sq. meters up to 350.00 sq. meters | 480.00 |
| 6 | Above 350.00 sq. meters up to 500.00 sq. meters | 720.00 |
| 7 | Above 500.00 sq. meters up to 750.00 sq. meters | 960.00 |
| 8 | Above 750.00 sq. meters up to 1,0000.00 sq. meters | 1,200.00 |
| 9 | Every 1,000.00 sq. meters or its portion in excess of 1,000.00 sq. meters | 1,200.00 |

C. Divisions C-1, 2, Amusement Houses, Gymnasia and the like:

| NO. | BUILDING CLASS | FEE |
|-----|--|----------|
| 1 | First class cinematographs or theaters | 1,200.00 |
| 2 | Second class cinematographs or theaters | 720.00 |
| 3 | Third class cinematographs or theaters | 520.00 |
| 4 | Grandstands/Bleachers, Gymnasia and the like | 720.00 |

D. Annual Plumbing Inspection Fees Plumbing unit / each

Php 60.00

- E. Electrical Inspection Fees:
 - 1. A onetime electrical inspection fee equivalent to 10% of Total Electrical Permit Fees shall be charged to cover all inspection trips during construction.
 - 2. Annual Inspection Fees are the same as in Section 4.e.

CERTIFICATIONS:

| NO. | CERTIFICATION | FEE |
|-----|---|-------|
| 1 | Certified true copy of building permit | 50.00 |
| 2 | Certified true copy of Certificate of Use / Occupancy | 50.00 |
| 3 | Issuance of Certificate of Damage | 50.00 |
| 4 | Certified true copy of Certificate of Damage | 50.00 |
| 5 | Certified true copy of Electrical Certificate | 50.00 |
| 6 | Issuance of Certificate of Gas Meter Installation | 50.00 |
| 7 | Certified true copy of Certificate of Operation | 50.00 |
| 8 | Other Certifications | 50.00 |

NOTE: The specifications of the Gas Meter shall be:

- a. Manufacturer
- b. Serial Number
- c. Gas Type
- d. Meter Classification/Model
- e. Maximum Allowable Operating Pressure psi (kPa)
- f. Hub Size mm (inch)
- g. Capacity m³/hr (ft³/hr)



Issuance of Demolition Permit

The systematic dismantling or destruction of a building/structure, in whole or in part.

| Office: | | Office of the | e Municipal I | Engineer (OME) | | |
|----------------------|----------------|---------------|---------------|--------------------|------------------------------|--|
| Classification: | | Simple | | | | |
| Type of Transaction: | | G2C | | | | |
| Who may avail: | Building owner | | | | | |
| CHECKLIST | OF F | REQUIREME | NTS | WHERE T | O SECURE | |
| 1. Tax Declaration | of La | nd (1 photoc | ору) | Owner/Client/Of | fice of the | |
| | | | | Municipal Assessor | | |
| 2. Barangay Cleara | | | | Office of the Bar | <u> </u> | |
| 3. Current Real Pro | operty | Tax Receipt | t | Office of the Mu | nicipal Treasurer | |
| (1pPhotocopy) | | | | | | |
| 4. Proof of Owners | | | | Owner/Client | | |
| 5. Pictures of the H | louse | (front, rear, | left and | Owner/Client | | |
| right-side view) (1 | | | | | | |
| CLIENT STEPS | _ | GENCY | FEES TO | PROCESSING | PERSON | |
| | | CTIONS | BE PAID | TIME | RESPONSIBLE | |
| 1. Sign in Client | | duct brief | None | 10 | Engineering | |
| Log Book and | | view and | | minutes | Assistant/ | |
| submit | revie | | | | Engineer I Engineering | |
| requirements for | | nitted | | | Office | |
| verification | | uments | | | | |
| 2. Pays | Orde | | Refer to | . 5 | Office of the | |
| Demolition Permit | _ | ment Fees | Table II | minutes | Municipal Treasurer Staff | |
| Fee at the Office | | l be subject | for the | | Treasury Office | |
| of the Municipal | | e Building | Schedule | | Treasury Office | |
| Treasurer | | e Fees. | of Fees | | . | |
| 3. Receives | | eases | None | . 3 | Engineering | |
| approved | | oved | | minutes | Assistant/ Engineer I/ | |
| Demolition Permit | _ | nolition | | | Municipal | |
| | Perr | | | | Engineer | |
| | | | | | Engineering | |
| | | | | | Office | |
| | TOTAL | | | 18 m | inutes | |
| | | Table II | | | | |
| | | | for the | | | |
| | | | Schedule | | | |
| | | | of Fees | | | |



TABLE II:

Demolition/Moving of Buildings/Structures Fees, per sq. meter of area or dimensions involved:

| NO. | PARTICULARS | FEE |
|-----|---|--------|
| 1 | Buildings in all Groups per sq. meter floor area | 3.00 |
| 2 | Building Systems/Frames or portion thereof per vertical or horizontal | 4.00 |
| | Structures of up to 10 meters in height | 800.00 |
| 3 | a. Every meter or portion thereof in excess of 10.00 meters | 50.00 |
| | Appendage of up to 3 cu. meters/unit | 50.00 |
| 4 | a. Every cu. meter or portion thereof in excess of 3.00 cu. meters | 50.00 |
| 5 | Moving Fee, per sq. meter of area of building / structure to be moved | 3.00 |



Issuance of Electrical Permit

An Electrical Permit is one of the functions of the Office of the Building Official which monitors the installation of legal electric connection within the municipality.

| Office: | Office: Office of the Municipal Engineer (OME) | | | | | | |
|--|--|---|--|---------------------|--|--|--|
| Classification: | Simple | | | | | | |
| Type of Transaction | tion: G2C | | | | | | |
| Who may avail: | | | | | | | |
| CHECKLIST OF | REQUIREMENTS |) | | WHERE TO | SECURE | | |
| Tax Declaration of Land (1 photocopy) | | | Owner/ Client/ Municipal Assessor's Office | | | | |
| 2. Barangay Cleara | nce (1 original) | | Office of the Barangay Captain | | | | |
| 3. Current Real Pro photocopy) | perty Tax Receipt (| 1 | Office of | the Municipa | l Treasurer | | |
| 4. Proof of Ownersh | nip (1 photocopy) | | Owner/C | Client | | | |
| 5. Pictures of the H and right-side view (1 printed copy) | | | Owner/C | Client | | | |
| 6. Complete five (5) signed by Licensed above 20Amp and I for below 20Amp (b | Electrical Engineer Barangay Electricia lue print/white print | for n | Licensed Electrical Engineer/Barangay Electrician | | | | |
| 7. Bill of Materials (| | | Licensed Electrical Engineer/ Barangay Electrician | | | | |
| 8. Photocopy of Lic the Electrical Engin electrical plans (1 c | eer who signed the | | Licensed Electrical Engineer | | | | |
| 9. Duly Accomplish Form (1 original, 3 | | • | Office of the Municipal Engineer | | | | |
| 10. Approved Fire Soriginal) | | | Bureau | of Fire Protec | tion | | |
| CLIENT STEPS | AGENCY ACTIONS | | EES TO E PAID | PROCESS ING TIME | PERSON RESPONSIBLE | | |
| 1. Sign in Client Log Book and submit requirements for verification | Conduct brief interview and reviews submitted documents | duct brief view and ews nitted | | 10 Minutes | Engineering Assistant/ Engineer I Engineering Office | | |
| 2. Pays Electrical Permit Fee at the Office of the Municipal Treasurer | Order of Payment Fees shall be subject to the Building Code Fees | Tal So | defer to ble III for the chedule of Fees | 5 Minutes | Office of the Municipal Treasurer Staff Treasury Office | | |



| 3. Receives | Releases | None | 3 | Engineering |
|-------------------|-------------------|-----------|------------|---------------------|
| approved | approved | | Minutes | Assistant/ Engineer |
| Electrical Permit | electrical permit | | | I/ Municipal |
| | | | | Engineer |
| | | | | Engineering Office |
| | TOTAL | Refer to | 18 minutes | |
| | | Table III | | |
| | | for the | | |
| | | Schedule | | |
| | | of Fees | | |

TABLE III:

A. Total Connected Load (kVA)

| | 711 10tal 00111100tod 2044 (K177) | | | | |
|-----|-----------------------------------|----------------------|--|--|--|
| NO. | CONNECTION LOAD | FEE | | | |
| 1 | 5 kVA or less | 200.00 | | | |
| 2 | Over 5 kVA to 50 kVA | 200.00 + 20.00/kVA | | | |
| 3 | Over 50 kVA to 300 kVA | 1,100.00 + 10.00/kVA | | | |
| 4 | Over 300 kVa to 1,500 kVA | 3,600.00 + 5.00/kVA | | | |
| 5 | Over 1,500 kVA to 6,000 kVA | 9,600.00 + 2.50/kVA | | | |
| 6 | Over 6,000 kVA | 20,850.00 + 1.25/kVA | | | |

NOTE: Total Connected Load as shown in the load schedule.

B. Total Transformer/Uninterrupted Power Supply (UPS)/Generator Capacity (kVA)

| NO. | CONNECTION LOAD | FEE | |
|-----|-----------------------------|---------------------|--|
| 1 | 5 kVA or less | 40.00 | |
| 2 | Over 5 kVA to 50 kVA | 40.00 + 4.00/kVA | |
| 3 | Over 50 kVA to 300 kVA | 220.00 2.00/kVA | |
| 4 | Over 300 kVa to 1,500 kVA | 720.00 + 1.00/kVA | |
| 5 | Over 1,500 kVA to 6,000 kVA | 1,920.00 + 0.50/kVA | |
| 6 | Over 6,000 kVA | 4,170 + 0.25/kVA | |

NOTE: Total Transformer/UPS/Generator Capacity shall include all transformer, UPS and generators which are owned / installed by the owner/applicant as shown in the electrical plans and specifications.

C. Pole/Attachment Location Plan Permit

| NO. | CONNECTION LOAD | FEE |
|-----|----------------------------|--------------------|
| 1 | Power Supply Pole Location | 30.00 / Pole |
| 2 | Guying Attachment | 30.00 / Attachment |

D. Miscellaneous Fees: Electric Meter for union separation, alteration, reconnection or relocation and issuance of Wiring Permit:

| USE OR CHARACTER OF | ELECTRIC | WIRING PEMIT |
|---------------------|----------|--------------|
| OCCUPANCY | METER | ISSUANCE |



| Residential | 15.00 | 15.00 |
|-----------------------|-------|-------|
| Commercial/Industrial | 60.00 | 36.00 |
| Institutional | 30.00 | 12.00 |

E. Formula for Computation of Fees

The Total Electrical Fees shall be the sum of Sections 4.a. to 4.d. of this Rule.

F. Forfeiture of Fees

If the electrical work or installation is found not in conformity with the minimum safety requirements of the Philippine Electrical Codes and the Electrical Engineering Law (RA 7920), and the Owner fails to perform corrective actions within the reasonable time provided by the Building Official, the latter and/or their duly authorized representative shall forthwith cancel the permit and the fees thereon shall be forfeited.



Issuance of Fencing Permit

A Fencing Permit is required prior to construction, alteration, major repair, or renovation or conversion of any perimeter fence owned by government or private entities. The permit becomes null and void if work does not commence within 1 year from the date of such permit, or if the work is suspended or abandoned at any time after it has been commenced for a period of 120 Days.

| Office: Office of the Municipal Engineer (OME) | | | | | :) | |
|--|----------|---------------|---|------|----------------|------------------------------------|
| Classification: Simple | | | | | | |
| Type of Transacti | on: | G2C | | | | |
| Who may avail: Building own | | | | | | |
| | | REQUIREME | | | | TO SECURE |
| 1. Tax Declaration | of La | nd (1 photoco | ру) | | | Office of the |
| 2. Doron gov. Classes | 2000 | (1 000) | | | nicipal Ass | |
| 2. Barangay Cleara | | | Office of the Barangay Captain Architect/Engineer/Foreman | | | |
| 3. Five (5) sets of F | | | | | | |
| 4. Bill of Materials | | | م بن من ب | | | ineer/Foreman |
| 5. Approved Locati | onai (| Diearance (1 | originai) | | | Municipal Planning |
| 6 Duly Assemblish | od F | anaina Darmit | Form /1 | | | nent Coordinator |
| 6. Duly Accomplish original, 3 photocol | | ending Fermi | roiiii (i | Oiii | ice or the r | Municipal Engineer |
| eriginal, o priotoco | | OFNICY. | | | PROCE | DEDCOM |
| CLIENT STEPS | | AGENCY | FEES TO | BE | SSING | PERSON |
| | P | CTIONS | PAID | | TIME | RESPONSIBLE |
| 1. Sign in Client | Con | duct brief | None | | 1 | Engineering |
| Log Book and | inter | view. | | | minute | Assistant |
| brief interview. | | | | | | Engineering Office |
| 2. Submit | 2.1. | Assess | None | | 5 | Engineering |
| requirements. | | mitted | | | minutes | Assistant |
| | | uments. | | | | Engineering Office |
| | | Reviews | None | | 5 | Engineer I |
| | | ers and | | | minutes | Engineering Office |
| | sign | | | | | |
| | | uments. | | | | |
| 3. Pay Fencing | Orde | | Refer to | | . 5 | Office of the |
| Permit Fee at the | _ | ment Fees | Table IV | | minutes | Municipal Treasurer Staff |
| Office of the | | l be subject | the Sched | | | Treasury Office |
| Municipal | | e Building | of Fees | 3 | | Treasury Office |
| Treasurer. | | e Fees. | Nlavas | | 2 | Franka a rina |
| 4. Receives | | eases | None | | 3 | Engineering Assistant/ Engineer |
| approved | | oved | | | minutes | I/ Municipal |
| Fencing Permit. Fencing Permit. | | | | | Engineer | |
| | | | | | | Engineering Office |
| | | TOTAL | Refer to |) | 1 | 19 minutes |
| | | | Table IV | for | | |
| | | | the Sched | | | |
| | | | of Fees | 5 | | |



TABLE IV:

| NO. | STRUCTURE TYPE | FEE |
|-----|--|------|
| 1 | Made of masonry, metal, concrete up to 1.80 meters in height, per lineal meter or fraction thereof | 3.00 |
| 2 | In excess of 1.80 meters in height, per lineal meter or fraction thereof | 4.00 |
| 3 | Made of indigenous materials, barbed, chicken or hog wires, per linear meter | 2.40 |



Issuance of Occupancy Permit

An Occupancy Permit is required before any building or structure is used or occupied. It is usually secured after the completion of a structure. It is also required if there is any change in the existing use or occupancy classification of a building, structure or any portion thereof.

| Office: | Office of the Municipal Engineer (OME) | | | | |
|---|---|-----------------------------------|--|--|--|
| Classification: | Simple | | | | |
| Type of Transaction: | G2C | | | | |
| Who may avail: | | construction, renovation, repair, | | | |
| | | of any building or structure. | | | |
| CHECKLIST OF R | CHECKLIST OF REQUIREMENTS WHERE TO SECURE | | | | |
| 1. Certificate of Completion | ion (1 original) Office of the Municipal Engineer | | | | |
| 2. Construction Logbook (| ok (1 original) Applicant | | | | |
| 3. As-Built Plans if applical | ble (1 original) | Licensed Architect/Licensed Civil | | | |
| Engineer | | | | | |
| 4. Approved Fire Safety Inspection Clearance (1 Bureau of Fire Protection | | | | | |
| original) | | | | | |

| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCES SING TIME | PERSON RESPONSIBLE |
|--|--|---|-------------------------------------|--|
| 1. Sign in Client Log Book and submit requirements for verification. | Conduct brief interview and verify submitted documents. | None | 4 minutes | Engineering Assistant Engineering Office |
| 2. Get schedule of Building Inspection and Order of Payment. | 2.1. Site inspection by personnel/staff of the Municipal Engineering Office. | None | 1-hour on-site inspectio n | Engineer I/ Municipal Engineer Engineering Office |
| · | 2.2. Prepares Inspection Clearance | None | 2 minutes | Engineer I Engineering Office |
| | 2.3. Signs the Inspection Clearance. | None | 30 seconds | Municipal Engineer Engineering Office |
| 3. Pay the required fees at the Office of the Municipal Treasurer (if not yet paid). | Receive payment and issue Official Receipt. | Refer to Table V for the Schedule of Fees | 5 minutes | Office of the Municipal Treasurer Staff Treasury Office |
| 4. Receives approved Occupancy Permit. | Releases approved Occupancy Permit. | None | 2 minutes | Any Engineering Staff Engineering Office |
| | TOTAL | Refer to Table V for the Schedule of | - | 3 minutes and 30 seconds |



TABLE V:

Certificates of Use or Occupancy (Table II.G.1. for fixed costing)

A. Division A-1 and A-2 Buildings:

| NO. | PARTICULARS | FEE |
|-----|--|--------|
| 1 | Costing up to Php 150,000.00 | 100.00 |
| 2 | Costing up to Php 150,000.00 up to 400,000.00 | 200.00 |
| 3 | Costing up to Php 400,000.00 up to P850,000.00 | 400.00 |
| 4 | Costing up to Php 850,000.00 up to 1,200,000.00 | 800.00 |
| 5 | Every million or portion thereof in excess of Php 1,200,000.00 | 800.00 |

B. Divisions B-1/E-1, 2, 3/F-1/G-1, 2, 3, 4, 5/H-1, 2, 3, 4/and I-1 Buildings:

| NO. | PARTICULARS | FEE |
|-----|--|----------|
| 1 | Costing up to Php 150,000.00 | 200.00 |
| 2 | Costing up to Php 150,000.00 up to 400,000.00 | 400.00 |
| 3 | Costing up to Php 400,000.00 up to P850,000.00 | 800.00 |
| 4 | Costing up to Php 850,000.00 up to 1,200,000.00 | 1,000.00 |
| 5 | Every million or portion thereof in excess of Php 1,200,000.00 | 1,000.00 |

C. Divisions C-1, 2/D-1, 2, 3 Buildings:

| NO. | PARTICULARS | FEE |
|-----|--|--------|
| 1 | Costing up to Php 150,000.00 | 150.00 |
| 2 | Costing up to Php 150,000.00 up to 400,000.00 | 250.00 |
| 3 | Costing up to Php 400,000.00 up to P850,000.00 | 600.00 |
| 4 | Costing up to Php 850,000.00 up to 1,200,000.00 | 900.00 |
| 5 | Every million or portion thereof in excess of Php 1,200,000.00 | 900.00 |

D. Division J-I Buildings/structures:

| NO. | PARTICULARS | FEE |
|-----|--|----------|
| 1 | With floor area up to 20.00 sq. meters | 50.00 |
| 2 | With floor area above 20.00 sq. meters up to 500.00 sq. meters | 240.00 |
| 3 | With floor area above 500.00 sq. meters up to 1,000.00 sq. meters | 360.00 |
| 4 | With floor area above 1,000.00 sq. meters up to 5,000.00 sq. meters | 480.00 |
| 5 | With floor area above 5,000.00 sq. meters up to 10,000.00 sq. meters | 1,200.00 |
| 6 | With floor area above 10,000.00 sq. meters | 2,400.00 |

E. Division J-2 Structures:

| NO. | PARTICULARS | FEE |
|-----|--|-----|
| 1 | Garages, carports, balconies, terraces, lanais and the like: | |
| ı | 50% of the rate of the principal building, of which they are | |



| | accessories | |
|---|--|--------|
| 2 | Aviaries, aquariums, zoo structures and the like: same rates as for Section 10.d. above | |
| 3 | Towers such as for Radio and TV transmissions, cell site, sign (ground or roof type) and water tank supporting structures and the like in any location shall be imposed fees as follows: | |
| | a. First 10.00 meters of height from the ground | 800.00 |
| | b. Every meter or fraction thereof in excess of 10.00 meters | 50.00 |

F. Change in Use/Occupancy, per sq. meter or fraction thereof of area affected Php 5.00



Issuance of Occupancy Permit for Business Permit (New)

Business enterprises are required to secure building permit inspection approval for occupancy permit from the Municipal Engineer's Office before the start of commercial operations and during the annual renewal of business permits. This is part of the process of securing a Business License/Mayor's Permit.

| Office: Office of the Municipal Engineer (OME) | | | | | | |
|---|----------------------------|---|---|--------|------------------------|--|
| Classification: | | Simple | | | | |
| Type of Transaction: | | G2B | | | | |
| Who may avail: | | All entrepreneurs | | | | |
| CHECKLIST | OF F | REQUIREME | NTS | | WHERE 1 | O SECURE |
| Duly accomplish (1 original) | | | | | | nicipal Engineer |
| Sketch Plan of the photocopies | ne bu | ilding (1 origi | nal and 2 | Client | | |
| CLIENT STEPS | _ | GENCY CTIONS | FEES TO PAID | | PROCE SSING TIME | PERSON RESPONSIBLE |
| 1. Sign in Client Log Book and submit requirements for verification. | inter verif subr | duct brief view and ies nitted iirements. | None | | 3 minutes | Engineering Assistant Engineering Office |
| 2. Pay Occupancy Permit Fee at the Office of the Municipal Treasurer. | Rec payr issu Rec | eive ment and e Official eipt. | Order of Payment Fees shall be subject to the Building Code Fees. Refer to Table I for the Schedule of Fees | | 5 minutes | Revenue Collection Clerk Treasury Office |
| 3. Submit OR and receive approved Occupancy Permit. | relea appi | oved upancy | None | | 1 minute | Engineering Assistant Engineering Office |
| | | TOTAL | Refer to T I for the Schedule | | g | minutes |

Fees



TABLE I

Certificates of Use or Occupancy (Table II.G.1. for fixed costing)

A. Division A-1 and A-2 Buildings:

| NO. | PARTICULARS | FEE |
|-----|--|--------|
| 1 | Costing up to Php 150,000.00 | 100.00 |
| 2 | Costing up to Php 150,000.00 up to 400,000.00 | 200.00 |
| 3 | Costing up to Php 400,000.00 up to P850,000.00 | 400.00 |
| 4 | Costing up to Php 850,000.00 up to 1,200,000.00 | 800.00 |
| 5 | Every million or portion thereof in excess of Php 1,200,000.00 | 800.00 |

B. Divisions B-1/E-1, 2, 3/F-1/G-1, 2, 3, 4, 5/H-1, 2, 3, 4/and I-1 Buildings:

| NO. | PARTICULARS | FEE |
|-----|--|----------|
| 1 | Costing up to Php 150,000.00 | 200.00 |
| 2 | Costing up to Php 150,000.00 up to 400,000.00 | 400.00 |
| 3 | Costing up to Php 400,000.00 up to P850,000.00 | 800.00 |
| 4 | Costing up to Php 850,000.00 up to 1,200,000.00 | 1,000.00 |
| 5 | Every million or portion thereof in excess of Php 1,200,000.00 | 1,000.00 |

C. Divisions C-1, 2/D-1, 2, 3 Buildings:

| NO. | PARTICULARS | FEE |
|-----|--|--------|
| 1 | Costing up to Php 150,000.00 | 150.00 |
| 2 | Costing up to Php 150,000.00 up to 400,000.00 | 250.00 |
| 3 | Costing up to Php 400,000.00 up to P850,000.00 | 600.00 |
| 4 | Costing up to Php 850,000.00 up to 1,200,000.00 | 900.00 |
| 5 | Every million or portion thereof in excess of Php 1,200,000.00 | 900.00 |

D. Division J-I Buildings/structures:

| <u> </u> | D. Division 3-1 Buildings/structures. | | | | |
|----------|--|----------|--|--|--|
| NO. | PARTICULARS | FEE | | | |
| 1 | With floor area up to 20.00 sq. meters | 50.00 | | | |
| 2 | With floor area above 20.00 sq. meters up to 500.00 sq. meters | 240.00 | | | |
| 3 | With floor area above 500.00 sq. meters up to 1,000.00 sq. meters | 360.00 | | | |
| 4 | With floor area above 1,000.00 sq. meters up to 5,000.00 sq. meters | 480.00 | | | |
| 5 | With floor area above 5,000.00 sq. meters up to 10,000.00 sq. meters | 1,200.00 | | | |
| 6 | With floor area above 10,000.00 sq. meters | 2,400.00 | | | |

E. Division J-2 Structures:

| NO. | PARTICULARS | FEE |
|-----|---|-----|
| 1 | Garages, carports, balconies, terraces, lanais and the like: 50% of the rate of the principal building, of which they are accessories | |



| 2 | Aviaries, aquariums, zoo structures and the like: same rates as for Section 10.d. above | |
|---|--|--------|
| 3 | Towers such as for Radio and TV transmissions, cell site, sign (ground or roof type) and water tank supporting structures and the like in any location shall be imposed fees as follows: | |
| 3 | a. First 10.00 meters of height from the ground | 800.00 |
| | b. Every meter or fraction thereof in excess of 10.00 meters | 50.00 |



Issuance of Permit for the Use of Self-Loading Truck and Heavy Equipment

To provide uniform guidelines and policies on the issuance and return of the rented Self-Loading Truck and Heavy Equipment and its usage.

| Office: | | Office of the Municipal Engineer (OME) | | | | |
|-------------------------------|------------------|--|--|------------------|----------------------------------|--|
| Classification: | Simple | | | | | |
| Type of Transac | G2C | | | | | |
| Who may avail: | | | All those who wish to rent self-loading truck and heavy equipment. | | | |
| CHECKLIS | T OF R | | | | | |
| 1. Duly Accompli | | | | Office of the Mu | | |
| original) | | | ` | | 1 0 | |
| CLIENT | | NCY | FEES TO | PROCESSING | PERSON | |
| STEPS | | IONS | BE PAID | TIME | RESPONSIBLE | |
| 1. Sign in | | ct brief | None | 2 | Engineering Assistant | |
| Client Log Book and state | intervi | ∋w. | | minutes | Engineering Office | |
| your intention. | | | | | | |
| 2. Wait for the | Print a | nd sign | None | 2 | Municipal Engineer | |
| Requesting | the | J | | minutes | Engineering Office | |
| Form to be | Reque | sting | | | | |
| printed. | Form. | | | | | |
| 3. Wait for the 3.1. | | .: | None | 1 | Engineering Assistant | |
| Requesting Form to be | Releasing of the | | | minute | Engineering Office | |
| released and | Requesting | | | | | |
| bring to the | Form. | ourig | | | | |
| Office of the | 3.2 Sig | gning of | None | 3 | Sangguniang | |
| Sangguniang | the | | | minutes | Bayan | |
| Bayan and | Reque | sting | | | Member/Committee Chairman on | |
| Office of the | form. | | | | Transportation/ | |
| Vice Mayor for signing. | | | | | Municipal Vice | |
| Signing. | | | | | Mayor | |
| 4 Dring hook 44 D | | eceive | None | 1 | Vice Mayor's Office Engineering | |
| 4. Bring back the Form to the | and fo | | None | minute | Assistant | |
| Office of the | to the | | | minato | Engineering Office | |
| Municipal | of the | | | | | |
| Engineer. | for sig | | | | | |
| | | gns the | None | 1 | Municipal Mayor | |
| | Reque | sting | | minute | Mayor's Office | |
| | Form. | | | | | |



| 5. None | Receive the duly accomplished form. | None | 1 minute | Engineering Assistant Engineering Office |
|--|---|--|--------------|--|
| 6. Pays required fee at the Office of the Municipal Treasurer. | Receives payment and issue Official Receipt. | Refer to Municipal Ordinance imposing Rental Fees of Heavy Equipment | 5 minutes | Office of the Municipal Treasurer Staff Treasury Office |
| 7. Receives | Releases | None | 3 | Municipal Engineer |
| approved | approved | | minutes | Engineering Office |
| Requesting | Requesting | | | |
| Form. | Form. | | | |
| | TOTAL | Refer to Municipal Ordinance imposing Rental Fees of Heavy Equipment | 19 minutes | |

SCHEDULE OF FEES FOR VEHICLES AND HEAVY EQUIPMENT RENTALS

| SELF-LOADING TRUCK | RENTAL FEE |
|---|--|
| a. Within Suyo (fixed rate) | Php 2,500.00 per contract excluding |
| | gas and oil |
| b. Candon City including Salcedo (fixed | Php 5,000.00 per contract excluding |
| rate) | gas and oil |
| c. Baguio City and Laoag City (fixed | Php 10,000.00 per contract excluding |
| rate) | gas and oil |
| d. Subic and Manila (fixed rate) | Php 20,000.00 per contract excluding |
| | gas and oil |
| BACKHOE | |
| a. Private Contractor | Php 1,000.00/hr. excluding gas and oil |
| b. Private Individual | Php 500.00/hr. excluding gas and oil |
| c. National Government Agencies | Php 500.00/hr. excluding gas and oil |
| PAYLOADER | |
| a. Private Contractor | Php 1,000.00/hr. excluding gas and oil |
| b. Private Sector | Php 400.00/hr. excluding gas and oil |
| c. Non-Government Organizations | Php 200.00/hr. excluding gas and oil |



Issuance of Program of Works for Infrastructure Projects (Barangay Funded Projects and Other Agency or Grant Projects)

Public, Barangay Units, Other Government Agencies and other Accredited Sectoral Groups requesting a Development or project in their respective jurisdiction within the municipality.

| Office: | | Office of the Municipal Engineer (OME) | | | | | |
|---------------------|---------------------------|--|--------------|------------------|---------------------------|--|--|
| Classification: | | Highly Technical / Simple | | | | | |
| Type of Transaction | | G2C, G2G | | | | | |
| Who may avail: | | | | ent Agencies, Ba | rangay units and | | |
| | | | dited sector | | | | |
| CHECKLIST | | | | WHERE T | O SECURE | | |
| FOR BARANGAY | _ | DED PROJE | CTS | | | | |
| 1. Project Proposal | | | | Office of the Mu | nicipal Engineer | | |
| OTHER AGENCY | _ | RANT PRO | JECTS | | | | |
| Project Proposal | | | | | nicipal Engineer | | |
| CLIENT STEPS | | GENCY | FEES TO | PROCESSING | PERSON | | |
| | Α | CTIONS | BE PAID | TIME | RESPONSIBLE | | |
| For Major | | | | | | | |
| Barangay | | | | | | | |
| Projects and | | | | | | | |
| Other Agency or | | | | | | | |
| Grant Projects: | _ | | | | Engineering | | |
| 1. Submit | | eive the | None | 2 minutes | Assistant | | |
| Request Letter or | requ | est. | | | Engineering | | |
| Project Proposal | | | | | Office | | |
| or via Verbal | | | | | | | |
| Information. | 0 | | NI | 4.0.0 | Francisco a u I | | |
| 2. None | | t Estimates | None | 1 to 2 | Engineer I Engineering | | |
| | | Working | | hours | Office | | |
| O None | | vings. | None | 2 | | | |
| 3. None | _ | s the | None | ∠ minutes | Municipal Engineer | | |
| | _ | gram of | | minutes | Engineering | | |
| | Work and As | | | | Office | | |
| | | wn Plans (if | | | | | |
| 4. None | available). Releasing of | | None | 2 | Engineering | | |
| T. INUIT | | Program of | INOILE | minutes | Assistant | | |
| | | k and As | | เมเนเธอ | Engineering | | |
| | | wn Plans. | | | Office | | |
| | Cilo | TOTAL | NONE | 2 hours and 6 r | ninutes | | |



OFFICE OF THE MUNICIPAL ENGINEER

Internal Services



Issuance of Program of Works for Infrastructure Projects (Local Government Unit/Provincial/Other Agency Funded Projects)

To provide a well organize flow in the implementation of infrastructure projects within the municipality funded by the Local Government, Provincial Government and/or Other Agency.

| Office: | | Office of the | Municipal E | Engineer (OME) | | |
|---------------------|----------|---------------------------|-------------|-------------------|------------------------|--|
| Classification: | | Highly Technical / Simple | | | | |
| Type of Transaction | on: | GŽĞ | | | | |
| Who may avail: | | LGU | | | | |
| CHECKLIST | OF F | REQUIREME | NTS | WHERE TO SECURE | | |
| 1. Project Proposal | | | | Office of the Mur | nicipal Engineer | |
| CLIENT STEPS | A | GENCY | FEES TO | | | |
| CLIENT STEPS | A | CTIONS | BE PAID | TIME | RESPONSIBLE | |
| Major and Minor | | | | | | |
| Projects: 1. Submit | Doo | eive the | None | 2 minutes | Municipal | |
| Request Letter or | | | None | 2 minutes | Engineer | |
| Project Proposal | requ | esi. | | | Engineering | |
| or via Verbal | | | | | Office | |
| Information. | | | | | | |
| 2. None | Insn | ection | None | 2 to 3 | Engineer I/ | |
| 2.110110 | шор | COLIOTI | 140110 | days | Municipal | |
| | | | | dayo | Engineer | |
| | | | | | Engineering | |
| | | | | | Office | |
| 3. None | | t Estimates | None | 5 to 7 | Engineer I | |
| | | Working | | days | Engineering Office | |
| | | vings. | | <u>_</u> | | |
| 4. None | | Signs the | None | 5 | Engineer I/ | |
| | | gram of | | minutes | Municipal Engineer/ | |
| | _ | ks and As | | | Engineering | |
| | | wn Plans | | | Assistant | |
| | | forward to | | | Engineering | |
| | | Office of the | | | Office | |
| | May | Signs the | None | 1 | Municipal Mayor | |
| | | uments. | None | minute | Mayor's Office | |
| 5. None | 1 | varding of | None | 1 | Engineering | |
| 0.110110 | | Program of | 1,0110 | minute | Assistant | |
| | | ks and As | | | Engineering | |
| | _ | wn Plans to | | | Office | |
| | | Office of the | | | | |
| | | and | | | | |
| | Awa | | | | | |
| | | nmittee | | | | |
| | | TOTAL | None | 10 days and 9 n | ninutes | |



Maintenance of Suyo Municipal Waterworks System (Major and Minor Repair)

Waterworks System means all waterworks including water mains, service connections, controlled, maintained and operated by the Municipality or by agreement between the Municipality and others. To provide immediate action to all not working/damaged materials in relation to Municipal Waterworks System.

| Office: Office of the Municipal E | | | | Engineer (OME) | | |
|---|--|--------------------------------|--------------------|---------------------------------|---|--|
| Classification: | | Simple | | | | |
| Type of Transaction: G2G | | | | | | |
| Who may avail: | | LGU | | | | |
| CHECKLIST | OF F | REQUIREME | NTS | WHERE T | O SECURE | |
| Verbal request | | | | Suyo Mun. Wate Personnel | erworks System | |
| CLIENT STEPS | | GENCY CTIONS | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE | |
| 1. Report all the damaged materials. | ACTIONS Prepare and forward documents for the Purchase of Materials needed to the General Services Office. Purchase Materials and release to the requesting office | | None | 2 minutes 1 to 2 hours | Municipal Engineer Engineering Office General Services Officer General Services Officer General Services | |
| 2. Receive and install purchased materials. | repa | ervise irs and allation. | None | 2 to 3 hours | Engineer I/ Municipal Engineer Engineering Office | |
| | | TOTAL | None | j nours an | d 2 minutes | |



Preparation of Documents for Payment for the Repair and Maintenance of Municipal Vehicles and Equipment

All busted and worn-out materials in relation to municipal vehicles and equipment must be reported for proper action and to provide necessary documents in purchasing auto parts needed for the specific vehicle.

| Office: | Office: Office of the Municipal Engineer (OME) | | | | | | |
|--|---|--|--------------------|------------------|--|--|--|
| Classification: Simple | | | le | | | | |
| Type of Transacti | G2G | | | | | | |
| Who may avail: | | LGU | | | | | |
| CHECKLIST | OF F | REQUIREME | NTS | WHERE T | O SECURE | | |
| 1. Verbal request | | | | Municipal Driver | ·/s | | |
| CLIENT STEPS | | GENCY CTIONS | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE | | |
| 1. Submit request | Prepare and release documents for purchasing of auto parts. | | None | 2 minutes | Engineering Assistant/ Municipal Engineer Engineering Office | | |
| 2. Bring documents to the supplier and return to the Office of the | all the nece | Complete ne essary ers for ment. | None | 20 minutes | Engineering Assistant/ Municipal Engineer Engineering Office | | |
| Municipal Engineer after purchasing. | 2.2. Signs the documents. | | None | 2 minutes | Municipal Engineer Engineering Office | | |
| | the the I | nmittee for per actions | None | 2 minutes | Engineering Assistant Engineering Office | | |
| | | TOTAL | None | 26 m | inutes | | |



OFFICE OF THE MUNICIPAL ACCOUNTANT

External Services



Issuance of Certification to Schools regarding charges to Special Education Fund

The different school in the Municipality secures certificate from the Office of the Municipal Accountant that they did not charge their expenses in the Special Education Fund of the Municipality. This is a measure to ensure that there is no duplication of charging expenses to the any Government Funds.

| Office: | | Office of the Municipal Accountant | | | | | |
|--|-------------------------------|------------------------------------|-----|-----------------|--------------------|--------|--|
| Classification: | | Simple | | | | | |
| Type of Transact | ion: | G2G | | | | | |
| Who may avail: | | Schools | | | | | |
| CHECKLIST | OF R | EQUIREMENT | S | WHERE TO SECURE | | | |
| Certification from I | PTA T | reasurer | | PT | A | | |
| Certification from School Canteen School Canteen | | | | | | | |
| Certification from S | ertification from School Head | | | | School Head Office | | |
| | | AGENCY | FEE | S | PROCESSING | PERSON | |

| Certification from | School Head | Sc | School Head Office | | |
|--|---|-----------------------|--------------------|--|--|
| CLIENT STEPS | AGENCY ACTION | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE | |
| Submit the duly signed certifications | Check and verify if there are any charges made to Special Education Fund of the Municipality | None | 5 minutes | Administrative Officer IV Accounting Office | |
| 2. Wait while the requested document is being prepared | 2.1 Prepares the Certification | None | 5 minutes | Administrative Officer IV | |
| | 2.2 Review and signs the certification | | 3 minutes | Municipal Accountant Accounting Office | |
| 3. Receive the requested document | Releases the requested certification | None | 1 minute | Administrative Officer IV Accounting Office | |
| | TOTAL | NONE | 14 m | inutes | |



Submission, Review and Recording of Barangay Transactions

Within ten (10) days after the end of the month, the Barangay Treasurer prepare a transmittal Letter and submit to the Municipal Accountant the original copies of Collection Reports and Disbursement Vouchers and its supporting documents for recording in the books of accounts and the preparation of barangay financial statements. Copy of such transmittal letter, with all the attachments, will be submitted simultaneously to the Commission on Audit Team who has direct audit jurisdiction over the barangay.

| Office: | Office of the Municipal Accountant | | | | |
|---------------------------|------------------------------------|----------------------------|--|--|--|
| Classification: | Simple | | | | |
| Type of Transaction: | G2Ġ | | | | |
| Who may avail: | 8 Barangays of the Municipality | | | | |
| CHECKLIST OF | REQUIREMENTS | WHERE TO SECURE | | | |
| Transmittal Letter | | | | | |
| Collection Report for the | e month | | | | |
| Official Receipts | | Barangay Government Office | | | |
| Summary of Checks Issued | | Barangay Government Office | | | |
| Disbursement Vouchers | 3 | | | | |
| Supporting Documents | required under RA 9184 | | | | |

| Supporting Docum | nents required under | | | |
|---|--|--------------------|--------------------------------|--|
| CLIENT STEPS | AGENCY ACTION | FEES TO BE PAID | PROCESSIN G TIME | PERSON RESPONSIBLE |
| 1. Submit all collection reports and disbursement vouchers together with its supporting documents | 1.1 Check and validate all the documents submitted 1.2 Notify the barangay treasurer any lacking documents found | None | 20 minutes | Barangay Record Keeper Accounting Office |
| 2. Wait while the documents are being reviewed | 2.1 Prepare Journal Entry Voucher for all the barangay transactions 2.2 Review and signs the Journal Entry Voucher | None | 10 minutes 10 minutes | Barangay Record Keeper Municipal Accountant Accounting Office |
| 3. Client may go home | Compile all barangay documents for submission to Commission on Audit | None | 15 minutes | Barangay Record Keeper Accounting Office |
| | TOTAL | NONE | 55 m | ninutes |



OFFICE OF THE MUNICIPAL ACCOUNTANT

Internal Services



Issuance of Accountants Advice for All Checks Issued

The Accountants' Advice is issued containing information on all checks issued by the Municipal Treasurer. Absence of the said document will result to dishonoured checks.

| Office: | | Office of the Municipal Accountant | | | | | |
|---|---|--|------------------|------|----------------------|---|--|
| Classification: | | Simple | | | | | |
| Type of Transac | tion: | G2G, G2C, G2B | | | | | |
| Who may avail: | | Office of the | Municipa | l Tr | reasurer | | |
| CHECKLIST | T OF R | EQUIREMENT | ΓS | | WHERE TO | SECURE | |
| Check w/Disburse supporting docum | | oucher and its | | | ffice of the Municip | | |
| CLIENT STEPS | AGEN | ICY ACTION | FEES T BE PAI | D | PROCESSING TIME | PERSON RESPONSIBLE | |
| Submit the properly filled check | check docun | nents | None | | 2 minutes | Administrative Assistant III/ Administrative | |
| | 1.2 Re is an e | eturn if there error | None | | 1 minute | Officer IV Accounting Office | |
| 2. Wait while the Accountants' Advice is being prepared | 2.1 Preparation of Accountants' Advice | | None | | 3 minutes | Administrative Assistant III | |
| | Journ Vouch | reparation of al Entry ner for the issued | Entry for the | | 3 minutes | Administrative Officer IV Municipal Accountant | |
| | sign tl Accou | 2.3 Review and None sign the Accountants' | | | 2 minutes | Accounting Office | |
| 3. Receive the Accountants' Advice | Register in the logbook all checks issued and submit the Accountants' advice to Municipal Treasurer | | None | | 1 minute | Administrative Officer IV/ Barangay Record Keeper Accounting Office | |
| | | TOTAL | NONE | | 12 m | inutes | |



Issuance of Certificate of Income Tax Withheld from Employees

Government employees' income taxes are withheld pursuant to the National Internal Revenue Code. The Certificate of Compensation Payment/Tax withheld is annually given to show proof that tax due to employees had been paid.

| Office or Division | ١. | Office of the Municipal Accountant | | | | |
|---|------------------------------------|------------------------------------|-----------------------|------|--------------------|--|
| Classification: | | Simple | Municipa | u /\ | Coountain | |
| Type of Transact | ioni | • | | | | |
| | 1011. | G2G | Farada | | - | Ol |
| Who may avail: | | | | es | of the LGU of Su | , , , , , , , , , , , , , , , , , , , |
| | | EQUIREMENT | S | | WHERE TO | SECURE |
| Employee Stateme | ent of | Request | | | mployee | |
| CLIENT STEPS | AGENCY ACTION | | FEES TO BE PAID | | PROCESSING TIME | PERSON RESPONSIBLE |
| State your request to accounting office | | nt the y made cate | None | | 3 minutes | Administrative Assistant III Accounting Office |
| 2. Wait while the requested document is being printed | Review and signs the certification | | None | | 2 minutes | Municipal Accountant Accounting Office |
| 3. Receive the requested document | reque | ase the ested cation | None | | 1 minute | Administrative Assistant III Accounting Office |
| | | TOTAL | NONE | | 6 mi | nutes |



Issuance of Certificate of Loan Payments and Premium Contributions

Upon the request of every official or employee, the Office of the Municipal Accountant issues Certificate of Loan Payments and Premium Contributions for record reconciliation and other purposes.

| Office or Divisio | n: | Office of the | Municipa | ΙΛ | countant | | |
|---|--|--|------------------------------------|----|--------------------|--|--|
| Office or Division: | | Office of the Municipal Accountant | | | | | |
| Classification: | | Simple | | | | | |
| Type of Transaction: | | G2G | | | | | |
| Who may avail: Officials and CHECKLIST OF REQUIREMENT | | | Employees of the LGU of Suyo Only. | | | | |
| | S | WHERE TO SECURE | | | | | |
| Employee Staten | _ | Employee | | | | | |
| CLIENT STEPS | AGENCY ACTION | | FEES TO BE PAID | | PROCESSING TIME | PERSON RESPONSIBLE | |
| State your request to accounting office | Verify records of contributions and loan payments from individual ledgers | | None | | 4 minutes | Administrative Assistant III Accounting Office | |
| 2. Wait while the requested document is being prepared | 2.1 Contract of the preparation of the premium of t | ompute and re the icate of um and loan ents of the sting | None | | 8 minutes | Administrative Assistant III | |
| | 2.2 Rosign to | eview and he cation | | | 2 minutes | Municipal Accountant Accounting Office | |
| 3. Receive the requested document | reque | se the sted cation | None | | 1 minute | Administrative Assistant III Accounting Office | |
| | | TOTAL | NONE | : | 15 m | inutes | |



Issuance of Certificate of Net Take Home Pay

Upon the request of every official or employee, the Office of the Municipal Accountant issues Certificate of Net Take Home pay for loan application, loan renewal and others purposes.

| Office: | | Office of the Municipal Accountant | | | | | |
|--|--|--|----------------------|--------|--------------------|--|--|
| Classification: | | Simple | | | | | |
| Type of Transaction: | | G2G | | | | | |
| Who may avail: | Officials and Employees of the LGU of Suyo Only. | | | | | | |
| CHECKLIST | EQUIREMENTS WHERE TO | | | SECURE | | | |
| Employee Statem | | | | ployee | | | |
| CLIENT STEPS | AGENCY ACTION | | FEES TO B PAID | S E | PROCESSING TIME | PERSON RESPONSIBLE | |
| State your request to accounting office | loan the o empl | y records of balances of fficial/ oyee from ledger | None | 9 | 4 minutes | Administrative Assistant III Accounting Office | |
| 2. Wait while the requested document is being prepared | Certi | Prepare the ficate of Net Home pay | None |) | 7 minutes | Administrative Assistant III | |
| | signs | Review and s the lication | | | 3 minutes | Municipal Accountant Accounting Office | |
| 3. Receive the requested document | requ | ase the ested ication | None | | 1 minute | Administrative Assistant III Accounting Office | |
| | | TOTAL | NON | Ė | 15 m | inutes | |



Processing of Disbursement Voucher for Donations (Financial Assistance, Burial Assistance and Livelihood)

Monetary aid are given to deserving families and organization to help them uplift their financial status. During this process proper Government Guidelines shall be implemented to secure the efficient used Government Funds.

| Office or Division: | Office of the Municipal Accountant | | | | |
|---|---|---|--|--|--|
| Classification: | Complex | | | | |
| Type of Transaction: | G2G | | | | |
| Who may avail: | Office of the Municipal Social Works and Development, Office of the Department of Agriculture | | | | |
| CHECKLIST OF | REQUIREMENTS | WHERE TO SECURE | | | |
| For Financial Assistant 1. Certificate of Indigence 2. Assistance to Individual Form 3. Medical Certificate 4. Billing Statement from 5. Officials Receipts of Medical Certification on Approach Cobligation of Allotment | cy from Barangay Captain lals in Crisis Situation Hospital Medicines | Barangay Government Office Office of the Municipal Social Works and Development Officer Hospital Hospital Hospital/Drugstores Office of the Municipal Budget | | | |
| For Assistance to Victims of Manmade and | | | | | |
| Natural Calamities 1. Certification from Bar that the Person is Affect | angay Captain Affected ed by Calamity by from Barangay Captain | Barangay Government Office Barangay Government Office Office of the Municipal Social | | | |
| 4. Fire Incidence Report 5. Pictures | (if affected by fire) | Works and Development Officer Bureau of Fire Protection Office of the Municipal Social | | | |
| 6. Certification on Appro | priations, Fund and | Works and Development Officer Office of the Municipal Budget Officer | | | |
| For Burial Assistance 1. Certification from the Affair 2. Assistance to Individu Form 3. Death Certificate 4. Certification on Appro-Obligation of Allotment | | Office of the Senior Citizens' Officer Office of the Municipal Social Works and Development Officer Office of the Local Civil Registry Office of the Municipal Budget Officer | | | |



Livelihood Assistance to NGOs

- 1. SEC/CDA/DOLE/BIR Registration
- 2. Articles of Incorporation and Bylaws
- 3. Financial Statements
- 4. Bank Book
- 5. Project Proposal
- 6. Memorandum of Agreement

7. Sworn Affidavit of the Secretary that none of the officers are related by consanguinity and affinity up to 4th civil degree to any government officials

8. Certification on Appropriations, Fund and Obligation of Allotment

Department of Agriculture/NGO

Office of the Municipal Budget Officer

| Obligation of Allo | tment | Officer | | | |
|---|--|--------------------|---------------------|---|--|
| CLIENT STEPS | AGENCY ACTION | FEES TO BE PAID | PROCESS ING TIME | PERSON RESPONSIBL E | |
| 1. Submit all the supporting documents to the accounting office | 1.1 Review all supporting documents | None | 4 minutes | Administrative Assistant III/ Administrative Officer IV Accounting Office | |
| | 1.2 Return the documents if found incomplete | None | 1 minute | | |
| 2. Wait while the disbursement voucher is being prepared | Prepare the Disbursement Voucher and return to the concerned department for signature | None | 5 minute | Administrative Assistant III/ Administrative Officer IV Accounting Office | |
| 3. Signs the disbursement voucher and forward back to the accounting office | Review and process the disbursement voucher | None | 1 minute | Administrative Assistant III/ Administrative Officer IV Accounting Office | |
| 4. 4. Wait while the disbursement is under process | 4.1 Review, assign disbursement voucher number and signs the document | None | 5 minutes | Municipal Accountant Accounting Office | |
| | 4.2 Stamp all supporting documents with the assigned disbursement voucher number and forward to the office of the Municipal Mayor for final approval | None | 5 minutes | Administrative Officer IV/ Barangay Record Keeper Accounting Office | |
| | TOTAL | NONE | 20 r | ninutes | |



Processing of Disbursement Voucher for transactions that undergone bidding process

This Process requires thorough review of the required documents to be attached on the Disbursement vouchers. The RA 9184 or the Procurement Act Law shall be strictly observed.

| Office or Division: | e or Division: Office of the Municipal Accountant | | | | |
|----------------------------------|---|------------------------------------|--|--|--|
| Classification: | Complex | a ricood a ricarri | | | |
| Type of Transaction: | G2C, G2B, G2G | | | | |
| Who may avail: | | , department concerned | | | |
| CHECKLIST OF F | | WHERE TO SECURE | | | |
| For Procurement of Go | oods | | | | |
| 1. Approved Budget for | the Contract | Bids and Awards Committee | | | |
| 2. Annual/Supplemental | Procurement Plan | Bids and Awards Committee | | | |
| 3. Project Procurement | Management Plan | Bids and Awards Committee | | | |
| 4. Purchase Request | | General Services Officer | | | |
| 5. Program of Work for (| Construction Materials | Office of the Municipal Engineer | | | |
| 6. Approved Complete E | | Bids and Awards Committee | | | |
| 7. Invitation to Bid poste | ed in required areas | Bids and Awards Committee | | | |
| 8. Official Receipts of Bi | dding documents | Bids and Awards Committee | | | |
| 9. Invitations to Require | d Observers (3) | Bids and Awards Committee | | | |
| 10. Minutes of Pre Bid C | Conference and | Bids and Awards Committee | | | |
| Opening of Bids | | Dids and Awards Committee | | | |
| 11. Checklist of Eligibilit | y, Technical and | Bids and Awards Committee | | | |
| additional requirements | | Dido and / (wardo committee | | | |
| 12. All bidders documer 9184 | its required under RA | Bids and Awards Committee | | | |
| 13. Notices of bidding re | esults | Bids and Awards Committee | | | |
| 14. Resolutions | | Bids and Awards Committee | | | |
| 15. Notice of Award | | Bids and Awards Committee | | | |
| 16. Contract | | Bids and Awards Committee | | | |
| 17. Notice to Proceed | | Bids and Awards Committee | | | |
| 18. Inspection and Acce | | Bids and Awards Committee | | | |
| 19. Property Acknowled Equipment | gement Receipt for | GSO and Inspection Team | | | |
| 20. Purchase Order | | General Services Officer | | | |
| 21. Delivery Receipt and | d Sales Invoice | General Services Officer /Supplier | | | |
| 22. Certification on Appr | | Supplier | | | |
| Obligation of Allotment | | Office of the Municipal Budget | | | |
| | | Officer | | | |
| CHECKLIST OF R | EQUIREMENTS | WHERE TO SECURE | | | |
| For Procurement of In | frastructure | | | | |
| Projects | | Office of the Municipal Engineer | | | |
| 1. Approved Budget for | | | | | |
| 2. Annual/Supplemental | Procurement Plan | Bids and Awards Committee | | | |



| 3. Project Procurement Management Plan | Bids and Awards Committee |
|---|---|
| 4. Program of Work, Plans and | Office of the Municipal Engineer |
| Specifications | |
| 5. Approved Complete Bidding Documents | Bids and Awards Committee |
| 6. Invitation to Bid posted in required areas | Bids and Awards Committee |
| 7. Official Receipts of Bidding documents | Bids and Awards Committee |
| 8. Invitations to Required Observers (3) | Bids and Awards Committee |
| 9. Minutes of Pre Bid Conference and | Bids and Awards Committee |
| Opening of Bids | Bids and / wards committee |
| 10. Checklist of Eligibility, Technical and | Bids and Awards Committee |
| additional requirements | Blac and / Wards Committee |
| 11. All bidders documents required under RA | Bids and Awards Committee |
| 9184 | |
| 12. Notices of bidding results | Bids and Awards Committee |
| 13. Resolutions | Bids and Awards Committee |
| 14. Notice of Award | Bids and Awards Committee |
| 15. Contract | Bids and Awards Committee |
| 16. Notice to Proceed | Bids and Awards Committee |
| 17. Construction Health and Safety Plan | Contractor |
| Approved by DOLE | |
| 18. Inspection Report | Office of the Municipal Engineer |
| 19. Project Monitoring Report | Inspection Team |
| 20. Statement of Work Accomplishments | Office of the Municipal Engineer |
| 21. Certificate of Completion | Office of the Municipal Engineer |
| 22. Statement of Time Elapsed | Office of the Municipal Engineer |
| 23. Material Test Report | Office of the Municipal Engineer |
| 24. Pictures | Office of the Municipal Engineer |
| 25. As built Plan | Contractor |
| 26. Affidavit that all labors and materials are | Contractor |
| paid | |
| 27. Request for Payment | Contractor |
| 28. Acceptance Report by End User | Office of the Mayor |
| 29. Certification on Appropriations, Funds | Office of the Municipal Budget Officer |
| and Obligation of Allotment | 1 1 1 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 |
| | |

| CLIENT STEPS | AGENCY ACTION | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
|---|--|-----------------------|--------------------|---|
| 1. Submit all supporting documents to the | 1.1 Review all supporting documents submitted | None | 24 minutes | Administrative Officer IV Accounting Office |
| accounting office | 1.2 Return documents if found incomplete | None | 1 minute | |



| | TOTAL | NONE | 56 min | utes |
|--|---|------|--------------|--|
| | and forward to the Office of the Mayor for final approval | | | |
| | supporting documents with the assigned disbursement voucher number | | minutes | Officer IV/ Barangay Record Keeper Accounting Office |
| the disbursement voucher is being process | 4.1 Review, assign disbursement voucher number and signs the disbursement voucher 4.2 Stamp all | None | minutes 10 | Accountant Accounting Office Administrative |
| 3. Sign the Disbursement Voucher and forward back to the accounting office 4. Wait while | Process the disbursement voucher | None | 1 minute | Administrative Officer IV/ Administrative Assistant III Accounting Office Municipal |
| processed | documents are complete 2.2 Return the disbursement voucher to the concerned department for signature | None | 1 minute | Office |
| 2. Wait while the requested document is under | 2.1 Prepare Disbursement Voucher if all supporting | None | 4 minutes | Administrative Officer IV/ Administrative Assistant III Accounting |



Processing of Disbursement Voucher for transactions that undergone alternative mode of procurement

This Process requires thorough review of the required documents to be attached on the Disbursement vouchers. The RA 9184 or the Procurement Act Law shall be strictly observed.

| Office or Division: | Office of the Municipa | I Accountant | | | |
|--|--|--|--|--|--|
| Classification: | Complex | | | | |
| Type of Transaction: | G2G, G2C, G2B | | | | |
| Who may avail: | Suppliers, Department Offices Concerned | | | | |
| CHECKLIST OF R | EQUIREMENTS | WHERE TO SECURE | | | |
| For Procurements Above 50K 1. Purchase Request 2. Purchase Order 3. Inspection and Acceptance Report 4. Notice of Award 5. Request for Quotations 6. Abstract of Quotations 7. Resolution for method of procurement 8. Suppliers' Business Permit 9. Suppliers' BIR Registration 10. Suppliers' PhilGEPS Number 11. Suppliers' DTI/SEC/CDA Registration 12. Sales' Invoice and Delivery Receipt 13. Suppliers' Omnibus Sworn Statement 14. Posting of Information to PhilGEPS 15. Certification on Appropriations, Fund and Obligation of Allotment | | Office/Concerned Department General Services Office GSO and Inspection Team Bids and Awards Committee Bids and Awards Committee Bids and Awards Committee Bids and Awards Committee Bids and Awards Committee/Supplier GSO/Supplier Bids and Awards Committee/Supplier | | | |
| For Procurements Below 50K 1. Purchase Request 2. Purchase Order | | Office/Department Concerned GSO | | | |
| 3. Inspection and Accept 4. Notice of Award 5. Request for Quotation 6. Abstract of Quotations 7. Resolution for method 8. Suppliers' Business P 9. Suppliers' BIR Registr 10. Suppliers' PhilGEPS 11. Suppliers' DTI/SEC/0 12. Sales' Invoice and D 13. Certification on Appro | s of procurement ermit ation Number CDA Registration elivery Receipt | GSO and Inspection Team Bids and Awards Committee Bids and Awards Committee Bids and Awards Committee Bids and Awards Committee Bids and Awards Committee/Supplier GSO/Supplier Office of the Budget Officer | | | |



| CLIENT STEPS | AGENCY ACTION | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
|--|--|-----------------------|--------------------|---|
| 1. Submit all supporting documents to the accounting | 1.1 Review all supporting documents submitted | None | 9 minutes | Administrative Assistant III/ Administrative Officer IV |
| office | 1.2 Return documents if found incomplete | None | 1 minute | Accounting Office |
| 2. Wait while the requested document is under processed | 2.2 Prepare Disbursement Voucher if all supporting documents are complete | None | 4 minutes | Administrative Assistant III/ Administrative Officer IV Accounting Office |
| | 2.3 Return the disbursement voucher to the concerned department for signature | None | 1 minute | |
| 3. Sign the Disbursement Voucher and forward back to the accounting office | Process the disbursement voucher | None | 1 minute | Administrative Assistant III/ Administrative Officer IV Accounting Office |
| 4. Wait while the disbursement voucher is being process | 4.1 Review, assign disbursement voucher number and signs the disbursement voucher | None | 10 minutes | Municipal Accountant Accounting Office |
| | 4.2 Stamp all supporting documents with the assigned disbursement voucher number and forward to the Office of the Mayor for final approval | None | 5 minutes | Administrative Officer IV/ Barangay Record Keeper Accounting Office |
| | TOTAL: | NONE | 31 | minutes |



Processing of Disbursement Vouchers for Cash Advances for Payroll/Prizes/Honoraria, Cash Advances for Seminars, and Reimbursement of Travelling Expenses

This Process requires thorough review of the required documents to be attached on the Disbursement vouchers as required by Government regulations to safeguard the utilization of Government Funds.

| Office or Division: | Office of the Municipal Acc | countant | | | |
|--|--|----------------------------------|--|--|--|
| Classification: | Complex | | | | |
| Type of Transaction: | G2G | | | | |
| Who may avail: | Department offices/ Employees in various departments | | | | |
| CHECKLIST OF | REQUIREMENTS | WHERE TO SECURE | | | |
| Cash Advances for Pa | yroll/Prizes/Honorarium | | | | |
| 1. Program of Work (for | | Office of the Municipal Engineer | | | |
| 2. Accomplishment Rep | | Office of the Municipal Engineer | | | |
| | ccomplishment (for wages | Office of the Municipal Engineer | | | |
| and labor) | r wagaa and labar) | Office of the Municipal Engineer | | | |
| 4. Inspection Report (for 5. Acceptance of Work by | | Office of the Municipal Engineer | | | |
| and labor) | by End Oser (for wages | Office of the Mayor | | | |
| 6. Program Proposal (fo | r prizes and honoraria) | Office/Department | | | |
| 7. Certificate of Final Re | esult/Scorebook <i>(for</i> | Office/Department | | | |
| Contest) | | | | | |
| 8. Payroll | | Office/Department | | | |
| 9. Daily Time Record | | Office/Department | | | |
| 10. Pictures | | Office/Department | | | |
| 11. Certification on Appr | ropriations, Fund and | Office of the Budget Officer | | | |
| Obligation of Allotment | | | | | |
| Cash Advances of Offi | | | | | |
| 1. Request/Invitation Le | tter | Organizer of the Seminar | | | |
| 2. Travel Order | | Mayor/Vice Mayor's Office | | | |
| 3. Itinerary of Travel | | Office/Department | | | |
| 4. Certification on Appro | priations, Fund and | Office of the Budget Officer | | | |
| Obligation of Allotment | | | | | |
| Reimbursement of Tra | veiling Expenses | NA | | | |
| 1. Travel Order | | Mayor/Vice Mayor's Office | | | |
| 2. Itinerary of Travel w/ appendix B | | Office/Department | | | |
| 3. Certificate of Appeara | ance | Office Visited | | | |
| 4. Trip Tickets | opriotions Fund and | Transport Company | | | |
| 5. Certification on Appro | יטרומנוטרוג, דערוט מרוט | Office of the Budget Officer | | | |
| Obligation of Allotment | | | | | |



| CLIENT STEPS | AGENCY ACTION | FEES TO BE PAID | PROCESSI NG TIME | PERSON RESPONSIBLE |
|--|--|-----------------------|---------------------|---|
| Submit all supporting documents to | 1.1 Review all supporting documents | None | 4 minutes | Administrative Assistant III/ Administrative |
| the accounting office | 1.2 Return the documents if found incomplete | None | 1 minute | Officer IV Accounting Office |
| 2. Wait while the requested document is | 2.1 Prepare disbursement voucher | None | 2 minutes | Administrative Assistant III/ Administrative |
| under processed | 2.2 Return the disbursement voucher to concerned office for signature | None | 1 minute | Officer IV Accounting Office |
| 3. Signs the disbursement voucher and return back to accounting office | Review and process the disbursement voucher | None | 1 minute | Administrative Assistant III/ Administrative Officer IV Accounting Office |
| 4. Wait while the requested document is under processed | 4.1 Review, Sign and Assigns number to the disbursement voucher | None | 5 minutes | Municipal Accountant Administrative Officer IV/ Barangay |
| | 4.2 Stamp all supporting documents with their assigned disbursement voucher number and submit to Office of the Municipal Mayor | None | 5 minutes | Record Keeper Accounting Office |
| | for Final Approval TOTAL | NONE | 19 minutes | |



Processing of Liquidation Reports

This Process requires thorough review of the required documents to ensure that utilization of all government funds was used for its intended and public purposes.

| Office or Division | on: Office of the | Municipal Ac | countant | | |
|---|--|-----------------------|--|--|--|
| Classification: | Simple | Simple | | | |
| Type of Transac | tion: G2G | | | | |
| Who may avail: | Officials and | Employees i | n various Departr | nents | |
| CHECKL | IST OF REQUIREMEN | NTS | WHERE TO SECURE | | |
| Liquidation Cash Advances for Payroll/Prizes/ Honorarium 1. Completely Signed Payroll 2. Liquidation Report | | | | ınicipal Treasurer ınicipal Treasurer | |
| Cash Advances to Officials and Employees 1. Photo copy Travel Order 2. Photo Copy of previous Itinerary of Travel 3. Final Itinerary of Travel with appendix B 4. Trip Tickets and Official Receipts 5. Certificate of Appearance 6. Liquidation Report | | | Office/Employe Office/Employe Office/Employe Office/Employe Office/Employe | e Concerned e Concerned e Concerned e Concerned | |
| CLIENT STEPS | AGENCY ACTION | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE | |
| Submit all supporting documents to the accounting | 1.1 Review all supporting documents | None | 5 minutes | Administrative Assistant III/ Administrative | |
| officer | 1.2 Return the documents if found incomplete | | | Officer IV Accounting Office | |
| | documents if | None | 5 minutes | Accounting | |



OFFICE OF THE MUNICIPAL CIVIL REGISTRAR

External Services



Application for Delayed Registration of Birth, Marriage and Death Certificate

A report of vital event beyond reglementary period (30 days) is considered delayed. A notice to the public on the pending application for delayed registration is posted at the municipal bulletin board for ten (10) consecutive days following the date of application. When the MCR convinced that the vital event is really occurred within his jurisdiction and finding out that the event was not registered, he/she shall register the delayed report.

| Office or Division: | Local Civil Registry Off | ire | | | |
|---|--------------------------|---|--|--|--|
| Classification: | Simple | | | | |
| | • | | | | |
| Type of transaction: | G2C | | | | |
| Who may avail: | All individuals concerne | | | | |
| CHECKLIST OF F | REQUIREMENTS | WHERE TO SECURE | | | |
| Negative Certification Death (1 original copy as | | Philippines Statistics Authority | | | |
| 2. Affidavit of Parents (for birth) 4 original copies | | Office of the Mayor/Notary public | | | |
| 3. Affidavit of 2 dis-interestacts of birth/marriage/de | 9 | Office of the Mayor/Notary Public | | | |
| Affidavit of Solemnizing Officer (for marriage) 4 Original copies | | Office of the Mayor/Notary Public | | | |
| 5. Affidavit of Nearest Ki original copies | n – (for Death) 4 | Office of the Mayor / Notary Public | | | |
| 6. Any 2 of the following in 2 copies: Baptismal Certificate Marriage Certificate if married Voting Record/ID Any valid I.D'S | | Personal copy/Church copy Personal copy/Church copy COMELEC LTO, Postal, Senior Citizen's I.D, 4 P's, PRC, SSS, GSIS etc. | | | |
| Any record showing | ng the fact of event | Client | | | |
| OLIENT A | | DDOOFCOING DEDOON | | | |

| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
|---|---|--------------------|-----------------|-----------------------|
| Sign in the client logbook | Interview client | None | 3 minutes | MCR/ Clerk IV LCRO |
| 2. Submit required documents | Accept and verify the authenticity of the documents submitted | None | 10 minutes | MCR/ Clerk IV LCRO |
| 3. Fill up COLB; COM and COD information sheet or give information to be supplied in the form | Review information supplied or interview client for the data to be supplied | None | 20 minutes | MCR/ Clerk IV LCRO |



| LCR and present the affidavit/s duly signed by the affiant/s and the Mayor 6. Pay required fees to MTO and return to LCR 7. Review and Sign the accomplished COLB, COM and COD (Informant) 8. Wait for ten (10) days posting period 7. Request for Advance Transmittal of the document advance Transmittal of the document the document transmittal to 1. CRO 1. Sau affidavit/s and encode the COLB, COM and COD 1. Sau affidavit/s and encode the COLB, COM and COD 1. Sau affidavit/s and encode the COLB, COM and COD 1. Sau affidavit/s and encode the COLB, COM and COD 1. Sau affidavit/s and encode the COLB, COM and COD 1. Sau affidavit/s and encode the COLB, COM and COD 1. Sau affidavit/s and encode the COLB, COM and COD 1. Sau affidavit/s and encode the COLB, COM and COD 2. Revenue Collection Clar minutes 3. MCR/ Clerk minutes 1. CRO 4. Clerk minutes 4. CRO 5. CRO 6. Pay required fee on minutes 1. CRO 4. Clerk minutes 4. CRO 5. CRO 6. Pay required fee on minutes 6. Phesonom and minutes 1. CRO 6. Phesonom and cod minutes 1. CRO 6. Phesonom and minutes 1. CRO 8. Wait for ten minut | 4. Proceed to the Mayor's Office for the preparation of the affidavit/s | Prepare and encode the affidavit/s | 1 set affidavit =PHP 85.00 2 sets =PHP170.00 D.S Tax =PHP30.00 | 15 minutes | Administrative Aide Mayor's Office |
|--|---|---|--|---------------|--|
| fees to MTO and return to LCR 7. Review and Sign the accomplished COLB, COM and COD(Informant) 8. Wait for ten (10) days posting period posting period 9. Request for Advance Transmittal of the document and relation and and coument and relation to the document to advance transmittal to 1. Review and Sign the aphronous payment fee aphronous payment | LCR and present the affidavit/s duly signed by the affiant/s and the | affidavit/s and encode the COLB, COM | None | | MCR/ Clerk IV LCRO |
| Sign the accomplished COLB, COM and COD(Informant) 8. Wait for ten (10) days posting period release owner's copy 9. Request for Advance Transmittal of the document and release owner transmittal to Sign the document the document (prepared by) More the document of the document (prepared by) None 10 minutes LCRO minutes None 10 minutes LCRO minutes Sec. fee = 10 minutes Cert. Xerox = PHP85.00 Cert. Xerox = PHP85.00 | fees to MTO and return to | • | fee =PHP300.00 D.S Tax | | Revenue Collection Clerk Treasury Office |
| (10) days document and release owner's copy 9. Request for Advance endorsement for Transmittal of the document transmittal to Advance Cert. Xerox the document CRO CRO Cert. Xerox Cert. | Sign the accomplished COLB, COM and | the document | None | • | MCR/ Clerk IV LCRO |
| Advance endorsement for advance transmittal to endorsement for advance transmittal to endorsement for advance endorsement for advance transmittal to endorsement for advance endorsement for endorsement for endorsement for advance endorsement for endorsement for endorsement endorseme | (10) days | document and release owner's | None | | MCR/ Clerk IV LCRO |
| (optional) PSA-OCRG D.5 Tax = PHP30.00 = TOTAL PHP 730.00 Thour and 24 minutes | Advance Transmittal of | Prepare endorsement for advance transmittal to PSA-OCRG | =PHP85.00 Cert. Xerox =PHP85.00 D.S Tax =PHP30.00 | minutes | |



Application for Marriage License

Application for Marriage License requires either one or both parties is a resident/s of the place of application. When one or both of the applicants is born or resident outside the jurisdiction of the receiving civil registry office, notice shall be sent to the LCRO of the birthplace or previous resident of applicant//s and same shall be posted in the municipal/city bulletin board. Same notice is posted in the municipal bulletin board of the place of application for 10 consecutive days following the date of application.

| Office or Division: | Local Civil Registry Offi | ce | |
|---|--|---|--|
| Classification: | Simple | | |
| Type of transaction: | G2C | | |
| Who may avail: | • | nere one or both are resident/s in | |
| | the municipality | WILEDE TO SECURE | |
| CHECKLIST OF F | | WHERE TO SECURE | |
| A. For would be couples 1. Birth Certificate (1 originary proof of birth if BC is | ginal, 1 photocopy) or sometimes not available | PSA/LCRO/Personal copy | |
| 2. CENOMAR (I original, | | Philippine Statistics Authority | |
| 3. Tree Planting Certification | ite (1 original, 1 | Issued by the Barangay Captain of | |
| photocopy) | . \ | the place of residence | |
| 4. CEDULA (original cor | <u> </u> | Barangay/ Mun. Treasury Office | |
| B. If one or both are 18-2 Parent/s consent – (2 ori personal appearance of | ginal copies) or | Municipal Civil Registry Office/ Notary Public | |
| C. If one or both are 22-2 Parent/s Advice – (2 orig ***Parents are advised t during application/intervi | ninal copies) to come personally | LCR Office | |
| D. If one or both are wide Death Certificate of dece (1 photocopy) | | LCR Office | |
| E. If one or both are Divorced / Annulled Annotated Marriage Certificate of first marriage (1 certified Xerox copy) | | PSA/LCR Office of place of death | |
| F. If one is a foreign Nati 1. Legal Capacity to mar photocopy) | ry (1 original & 1 | Embassy | |
| 2. Passport (1 original, 1 ***If DIVORCEE, submit the absolute decree of d of his/her previous marris | Judicial Recognition of vorce obtained abroad | Embassy/ DFA | |



| CLIENT | AGENCY | FEES TO BE | PROCESSI | PERSON |
|--|---|---|-------------------|--|
| STEPS | ACTIONS | PAID | NG TIME 5 | RESPONSIBLE MCR/ Clerk IV |
| 1.) Submit required documents to LCR personnel | Receive and verify the submitted documents | None | o minutes | LCRO |
| 2.) Give correct information upon interview | Interview the applicants and prepare 4 original copies of the application | None | 20 minutes | MCR/ Clerk IV LCRO |
| 3.) Check correctness of entries then sign the Application Forms | Print and let the applicants review and sign the Application Forms | None | None 5 minutes | |
| 4.) Pay required fees to MTO | Issue Official Receipt of the required fees | A. Application Fee 200.00 Solemnization 200.00 (for civil wedding only) Sec. Fee PHP85.00 Add'I M.L PHP50.00 B.Cert.(local) PHP75.00/ each D.S Tax PHP30.00 or more | | Revenue Collection Clerk Treasury Office |
| 5.Present O.R to LCR Office | Receive O.R | None | 5 minutes | MCR/ Clerk IV LCRO |
| 6.For applicants aged 18-21 y/o, parents will sign the parental consent and applicants aged 22-24 yrs. old parents will sign the parental advice | Prepare the Parental Consent or Parental Advice for parent/s to sign | Parental Consent PHP85.00 Parental Advice PHP85.00 | 5 minutes | MCR/ Clerk IV LCRO |



| 7.Send would be couples to attend the session on pre-marriage counselling | Conduct pre- marriage orientation and counselling | PMOC fee- PHP200.00 | 4 hours | The PMOC team | |
|--|---|------------------------|----------------------|-----------------------|--|
| 8. Return to LCR and submit the certificate of PMOC | Receive the PMOC Certificates then advise client to return after 10 days (posting period) for the release of the Marriage License | None | 5 minutes | MCR/ Clerk IV LCRO | |
| | TOTAL | PHP 1,010.00 | 4 hours & 45 minutes | | |



Application/ Request for Supplemental Report

Supplemental Report shall not be used in any manner to change or correct any erroneous entry/ies previously entered but to supply only missing or omitted information not exceeding 2 omitted entries.

| Office or Divisio | n: | Local Civil Registry Office | | | | |
|---|--|-----------------------------|--|------------------------|--|--|
| Classification: | | Simple | | | | |
| Type of transact | ion: | G2C | | | | |
| Who may avail: | | | ner, parents, his/her spouse, guardian or | | | |
| CUECKLIST OF | F DEO | direct descend | where to secure | | | |
| CHECKLIST OF REQUIREMENTS | | | | | | |
| PSA Copy of doci | | J Poport // | Philippine Sta | | | |
| copies) | 5111 C 111C | ii ixeport (4 | Office of the f | viayoi/ inolai | TY FUDIIC | |
| Atleast 2 docume | nts sho | owing the | Client | | | |
| missing entry | | g | | | | |
| CLIENT STEPS | | AGENCY ACTIONS | FEES TO BE PAID | PROCES SING TIME | PERSON RESPONSIBLE | |
| 1. Sign in the client logbook | Interview client.Advise him/her to go to the Office of the Mayor for the Affidavit for Supplemental Report to be subscribed by the Mun. Mayor. | | None | 3 minutes | MCR/ Clerk IV LCRO | |
| 2. Go to the Office of the Mayor for the preparation of Affidavit for supplemental report | Prepare the affidavit of Supplemental Report | | Affidavit =PHP85.00 D.S Tax =PHP30.00 | 15 minutes | Administrative Aide Mayor's Office | |
| 3. Submit Affidavit to LCR Office | Receive and review the documents and check for completeness | | None | 10 minutes | MCR/ Clerk IV LCRO | |
| 4. Wait for the document to be processed | Prepare the Supplemental Report (Form 102, 103, and 97) and give to client for review and signature | | None | 20 minutes | MCR/ Clerk IV LCRO | |



| COILC | TOTAL | PHP230.00 | 1 hour a | and 20 minutes |
|---|--|---|---------------|--|
| 8. Receive the owner's copy and copy of endorsement to OCRG | Advise client to mail endorsement to PSA-Vigan City thru LBC | None | 2 minutes | MCR/ Clerk IV LCRO |
| 7. Present O.R to LCR Office and request for endorsement | Prepare and annotate the documents for endorsement and give the Owner's copy | None | 10 minutes | MCR/ Clerk IV LCRO |
| 6. Pay the required fees to the Treasury Office | Issue Official Receipt | Certified Xerox =PHP85.00 D.S Tax =PHP30.00 | 3 minutes | Revenue Collection Clerk Treasury Office |
| 5. Review and sign the document (informant) | Accept and sign the document (prepared by) | None | 5 minutes | MCR/ Clerk IV LCRO |



Endorsement of documents to PSA (Blurred Copy)

One reason of negative result at PSA is *blurred*. When the document is recorded at Civil Registry Office, photocopy or transcription of said document is to be forwarded to OCRG.

| Office or Division: | Local Civil Regis | stry Office | | |
|--|---|---------------------------------|--|--|
| Classification: | Complex | | | |
| Type of transaction: | G2C | | | |
| Who may avail: | All person/ individual whose documents are blurred from PSA | | | |
| CHECKLIST OF REC | QUIREMENTS | WHERE TO SECURE | | |
| A. Blurred Copy of o (Marriage, Birth, | Death) | Philippine Statistics Authority | | |
| 1 original, 4 photocopies B. Personal Copy/Office File Copy, if available | | Client/LCRO | | |
| C. Transcription from the Registry Book (if no personal copy/File copy available) | | LCRO | | |
| (1 original, 4 photocopies) D. Certification of Non-availability of the document, if applicable (4 original copies) | | LCRO | | |
| E. Endorsement (4 original copies | , | LCRO | | |

| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
|---|---|--|--------------------|--|
| 1. Present blurred copy of document to LCR Office and request for endorsement | Receive and review the content of the document. Verify record. | None | 10 minutes | MCR/Clerk IV LCRO |
| 2. Pay fees to the treasury office. Present Payment Slip | Issue Official Receipt | Certification PHP85.00 Certified Xerox PHP85.00 D.S Tax PHP30.00 | | Revenue Collection Clerk Treasury Office |
| 3. Return to LCR and present Official Receipt | 3.1 Receive O.R and prepare endorsement 3.2 Certify the documents submitted | None | 20 minutes | MCR/Clerk IV LCRO |



| | 3.3 Transcribe from the Registry Book if no original copy/File copy available 3.3 Certification as to non- availability of the document | | | |
|---|---|-----------|-----------|----------------------|
| 4.) Receive 2 sets of documents a. Personal Copy b. OCRG Copy for mailing | Issue 2 sets of documents.Advise client to mail the endorsement to PSA-OCRG thru LBC | None | 5 minutes | MCR/Clerk IV LCRO |
| _ | TOTAL | PHP200.00 | 35 m | inutes |



Endorsement of Documents to PSA-OCRG (Negative Certification)

There are cases where the document registered in the civil registry book of the LCRO but appears negative at PSA record. Finding some reasons of these are blurred copy at PSA, or file missing in the archive.

| Office or Division: | Local Civil Reg | Local Civil Registry Office | | | | |
|----------------------|---|---------------------------------|--|--|--|--|
| Classification: | Simple | | | | | |
| Type of transaction: | G2C | | | | | |
| Who may avail: | All Person/individual whose birth, marriage and death found negative from PSA | | | | | |
| CHECKLIST OF RE | WHERE TO SECURE | | | | | |
| A. Negative Certif | ication | Philippine Statistics Authority | | | | |
| (1 original, 4 photo | copies) | | | | | |
| B. Old Personal C | | Client copy/LCRO copy | | | | |
| Registry Form | (102,103,97) | | | | | |
| C. Transcription fr | om the Civil | Client/LCR | | | | |
| I | | | | | | |
| Registry Book i | t no Personal | | | | | |
| Registry Book i | | | | | | |
| 0 , | | LCRO | | | | |
| Copy/File availa | able | LCRO | | | | |

| CLIENT STEPS | ACTIONS | BE PAID | TIME | RESPONSIBLE |
|--|--|--|------------|--|
| 1. Present the Negative Certification from PSA to LCR Office | 1. Receive and verify record at: - Registry Book - Index Card - Computer | None | 10 minutes | MCR/Clerk IV LCRO |
| 2. Pay fees to the treasury office. Present Payment Slip | 2. Issue Official Receipt | Certification PHP85.00 Certified Xerox PHP85.00 D.S Tax PHP30.00 | 5 minutes | Revenue Collection Clerk Treasury Office |
| 3. Present O.R to LCR Office | 3.1 Receives O.R and prepare endorsement to PSA-OCRG 3.2 Certify the documents submitted | None | 5 minutes | MCR/Clerk IV LCRO |



| 4.) Receive | 4.1 Issue: | None | 3 minutes | MCR/Clerk IV |
|---------------|----------------|-----------|-----------|--------------|
| Personal copy | a. Personal | | | LCRO |
| and copy for | Сору | | | |
| OCRG for | b. OCRG | | | |
| mailing | Сору | | | |
| | 4.2 Advise | | | |
| | client to mail | | | |
| | the OCRG | | | |
| | Copy and | | | |
| | follow up at | | | |
| | PSA after | | | |
| | 15days | | | |
| | TOTAL | PHP200.00 | 23 m | inutes |



Implementation of BREQS or Batch Request Query System of Philippine Statistics Authority

Philippine Statistics Authority (PSA) program that allows PSA partners and stakeholders to use this system to enter Civil Registry Documents requests by batches.

The BREQS is a scheme where PSA authorizes a partner to receive requests for PSA-issued copies and certifications of civil registry documents from the public and issue the documents to its clientele. Clients can now file their applications at the Local Civil Registry Office (LCRO) and need not travel to a distant Serbilis Outlet thereby saving them time, effort and money.

| Office or Division | n: | Local Civil Re | gistry | Office | | |
|---|------------------------------------|---|--|--|------------------------|--|
| Classification: | | Simple | <u> </u> | | | |
| Type of transact | ion: | G2C | | | | |
| Who may avail: | | All individuals | conce | | | |
| | OF RE | QUIREMENTS | | | ERE TO SEC | CURE |
| One (1) valid ID Client | | | | | | |
| CLIENT STEPS | AGEN | CY ACTIONS | FEI | ES TO BE PAID | PROCES SING TIME | PERSON RESPONSI BLE |
| Sign in the client logbook | | w client | Non | | 2 minutes | MCR/ Clerk IV |
| 2. Fill up request form | proceed For pay | client to d to MTO ment of fee | 0 | | 2 minutes | LCRO |
| 3. Pay required fee to MTO and return to LCR | Issue C paymer | O.R upon nt | BREQS Fee= Php100.00 Each copy | | 3 minutes | Revenue Collection Clerk Treasury Office |
| 4. Pay PSA document requested to LCRO concerned personnel | and addreturn usersage to received | e payment vise client to upon receipt of ge from LCRO ive the PSA ent and the Receipt | Php100.00/copy of Birth, Marriage and Death Cert. Php210.00/copy of CENOMAR/ Advisory of Marriage | | 3 minutes | MCR/ Clerk IV LCRO |
| | | TOTAL | and =PI CE Ac | n, Marriage Death Cert HP 255.00 ENOMAR/ dvisory of Marriage =310.00 | 10 m | inutes |



Issuance of Birth, Marriage, Death Certificate (Form 1A, 3A or 2A) or Certified Photocopy

A certification of registered vital events is transcribed from the Civil Registry Book in the form of Form 1A, 3A, and 2A or Form 1B, 2B, 3B for Negative or no record and Form 1C, 2C and 3C for destroyed records. Not all information in the registration form is transcribed unlike in photocopy.

| Type of transaction: Who may avail: Document Owner, parents/guardian (for minor children or PWD), or any authorized representative CHECKLIST OF REQUIREMENTS 1. The document owner himself/herself or parents of the child below 18 years old: 1 Valid ID Authorize Representative: * Valid I.D of representative-1 Original and 1 photocopy * Valid ID of document owner-1photocopy * Authorization letter of the Document owner with signature matching his signature in his ID presented. Simple Document Owner, parents/guardian (for minor children or PWD), or any authorized representative WHERE TO SECURE SSS, PAG-IBIG, TIN, Voter's I.D, LTO, Postal ID, Passport, Senior Citizen I.D etc. | Office or Division: | Local Civil Registry Office | | | | |
|---|--|--|----------------|-------------------|--|--|
| Who may avail: Document Owner, parents/guardian (for minor children or PWD), or any authorized representative CHECKLIST OF REQUIREMENTS 1. The document owner himself/herself or parents of the child below 18 years old: 1 Valid ID Authorize Representative: * Valid I.D of representative-1 Original and 1 photocopy * Valid ID of document owner-1photocopy * Authorization letter of the Document owner with signature matching his signature in his ID | Classification: | Simple | 0 , | | | |
| PWD), or any authorized representative CHECKLIST OF REQUIREMENTS 1. The document owner himself/herself or parents of the child below 18 years old: 1 Valid ID Authorize Representative: * Valid I.D of representative-1 Original and 1 photocopy * Valid ID of document owner-1photocopy * Authorization letter of the Document owner with signature matching his signature in his ID WHERE TO SECURE SSS, PAG-IBIG, TIN, Voter's I.D, LTO, Postal ID, Passport, Senior Citizen I.D etc. | Type of transaction: | G2C | | | | |
| CHECKLIST OF REQUIREMENTS 1. The document owner himself/herself or parents of the child below 18 years old: 1 Valid ID Authorize Representative: * Valid I.D of representative-1 Original and 1 photocopy * Valid ID of document owner-1photocopy * Authorization letter of the Document owner with signature matching his signature in his ID WHERE TO SECURE SSS, PAG-IBIG, TIN, Voter's I.D, LTO, Postal ID, Passport, Senior Citizen I.D etc. | Who may avail: | | | ninor children or | | |
| 1. The document owner himself/herself or parents of the child below 18 years old: 1 Valid ID Authorize Representative: * Valid I.D of representative-1 Original and 1 photocopy * Valid ID of document owner-1photocopy * Authorization letter of the Document owner with signature matching his signature in his ID SSS, PAG-IBIG, TIN, Voter's I.D, LTO, Postal ID, Passport, Senior Citizen I.D etc. | Wilo iliay avali. | PWD), or any authorized | representative | | | |
| of the child below 18 years old: 1 Valid ID Authorize Representative: * Valid I.D of representative-1 Original and 1 photocopy * Valid ID of document owner-1photocopy * Authorization letter of the Document owner with signature matching his signature in his ID SSS, PAG-IBIG, TIN, Voter's I.D, LTO, Postal ID, Passport, Senior Citizen I.D etc. | CHECKLIST OF | REQUIREMENTS | WHERE 1 | O SECURE | | |
| F · · · · · | of the child below 18 yea Authorize Representative * Valid I.D of representati photocopy * Valid ID of document ov * Authorization letter of the | Authorize Representative: Valid I.D of representative-1 Original and 1 ohotocopy Valid ID of document owner-1photocopy Authorization letter of the Document owner with signature matching his signature in his ID | | al ID, Passport, | | |

| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCE SSING TIME | PERSON RESPONSIB LE |
|---|---|---|------------------------|--|
| 1).Sign in the client logbook | Interview the client | None | 3 minutes | MCR/ Clerk IV LCRO |
| 2.) Request for local copy of Birth/Marriage/ Death Certificate | Verify record. If available, tell client to pay required fee to MTO. If no record found, advise client to request at PSA. | None | 5 minutes | MCR/ Clerk IV LCRO |
| 3.) Pay required fees at the Treasury Office and return to LCR | Received payment and issue OR | (for local) PHP75.00 D.S Tax PHP30.00 (for abroad) PHP150.00 Certification of negative or destroyed record- PHP85.00 D.S Tax-PHP30.00 | 3 minutes | Revenue Collection Clerk Treasury Office |



| 4.) Submit OR to LCRO | Received O.R and encode the number in the document for printing. Sign and affix seal. | None | 2 minutes | MCR/ Clerk IV LCRO |
|---|---|-------------------------|--------------|-----------------------|
| 5.) Receive the certification and review before leaving the office. | Issue certification. | None | 1 minute | MCR/ Clerk IV LCRO |
| | TOTAL | PHP180.00/ PHP105.00 | 14 | Minutes |



Issuance of Marriage License

Marriage License is released after ten (10) days posting period of application of a would-be couple. This license is valid in any part of the country for 120 days only from the date of issuance.

| Office or Division: | | Local Civil Registry Office | | | | |
|---|---------------------------------------|---|-----------------------|------------------------------|-----------------------|--|
| Classification: | | Simple | - g.o y o | | | |
| Type of transactio | n: | G2C | | | | |
| Who may avail: | | All would be | couple who | applied for marriage license | | |
| | CHECKLIST OF REQUIREMENTS | | | WHERE TO SECURE | | |
| Duly accomplished License (Form 90) i | | | age | LCRO | | |
| All requirements sh release of the Marri | | • | | | | |
| CLIENT STEPS | _ | AGENCY ACTIONS | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE | |
| 1. Inform LCR personnel for the release of the Marriage License | the reare of give applifor real 1.2 F | Check if all equirements complete and the cation form eview. Prepare the iage License issue | None | 3 minutes | MCR/ Clerk IV LCRO | |
| 2. Receive the Marriage License together with one copy of the application to be submitted to solemnizing officer (if church wedding). | enco Marr Certi | ficate. (for Wedding | None | 5 minutes | MCR/ Clerk IV LCRO | |
| | | TOTAL | None | 8 minutes | | |



Legitimation by Subsequent Marriage of Parents

Legitimation applies only to children conceived and born out of wedlock of parents who, at the time of the conception of the former, were not disqualified by any impediment to marry each other.

| Office or Division: | Local Civil Re | gistry | / Office | | |
|--|-----------------------|--------|---------------------------------|----------------|----------|
| Classification: | Simple | | | | |
| Type of transactio | n: G2C | | | | |
| Who may avail: | | | were born in the | • | • |
| parents were not | | | | | |
| | F REQUIREMENTS | | | ERE TO SEC | _ |
| | of Certificate of Liv | e | Philippine Sta | atistics Autho | rity |
| | nild(1 original, 6 | | | | |
| photocopies) | | ۱۵۱ | Dava and Can | /I CDO | |
| of the child | Live Birth (Form 10 | 12) | Personal Cop | by/LCRO | |
| | photocopies) | | | | |
| C. Joint Affidavi | | | LCRO/Notary | Public | |
| executed by both parents | | | Lortoritotary | . dono | |
| (4 original copies) | | | | | |
| | rtificate of parents | | | | |
| (4 photocopie | , | | PSA/LCRO | | |
| E. CENOMAR of | | | Philippine Statistics Authority | | |
| F. Supplementa | | | Office of the I | Mayor/LCRO | |
| | f minor parent) | | | | |
| Death Certific | deceased. Submit | | PSA/LCRO/P | ersonai copy | , |
| (4 certified pl | | | | | |
| | eceased. Submit any | , | PSA/LCR of t | he place of c | leath |
| | hat will prove the | , | TOTAL OF C | ine place of c | Cati |
| filiation of the child or any | | | | | |
| documents showing that the father | | | | | |
| has acknowledged the child | | | | | |
| Appearance of both parents for | | | | | |
| interview | | | | | |
| | AGENCY | F | EES TO BE | PROCES | PERSON |
| CLIENT STEPS | ACTIONS | | PAID | SING | RESPONSI |

| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCES SING TIME | PERSON RESPONSI BLE |
|---------------|-------------------|--------------------|------------------------|---------------------------|
| 1. Submit the | Receive and check | None | 20 | MCR/ Clerk |
| required | the documents. | | minutes | IV |
| documents for | Interview the | | | LCRO |
| legitimation | clients | | | |



| 2. Pay required fees to Treasury Office. Present Payment Slip | Issue Official Receipt | Processing Fee =PHP300.00 Sec. Fee =PHP85.00 Cert. Xerox =PHP85.00 D.S Tax =PHP30.00 | 5 minutes | Revenue Collection Clerk Treasury Office |
|---|---|---|---------------|--|
| 3. Present Official Receipt to LCR Office | Receive O.R and encode the Joint Affidavit of Legitimation/Supplemental AOL. | None | 20 minutes | |
| 4. Review and sign the affidavit/s | Subscribe the affidavit Register and, Prepare the Certificate of Registration, Annotate the Birth Certificate, Certify the supporting documents and prepare endorsement to PSA-OCRG | None | 20 minutes | MCR/ Clerk IV LCRO |
| 5. Receive owner's copy | Issue Owner's Copy to client | None | 5 minutes | |
| Cirrior o copy | TOTAL | PHP 500.00 | 1 hour 1 | 0 minutes |



Migrant Petition for Correction of Clerical Error and Change of Name (R.A. 9048)

When a person had already migrated to another place within the Philippines, and it would not be practical for him person, in terms of transportation cost, time and effort, to appear personally before the C/MCR of the place where his record (Birth, Marriage or Death) was registered, he may file his petition with the C/MCR of the place where he is presently residing.

For this purpose, the C/MCR of the place of vital event was registered is called Record-Keeping Civil Registrar (RKCR) and the C/MCR of the place where he is presently residing is Petition-Receiving Civil Registrar (PRCR).

| Office or Division: | Local Civil Registry Office (LCRO) | | | |
|--|------------------------------------|--|--|--|
| Classification: | Highly Technical | | | |
| Type of transaction: | G2C | | | |
| Who may avail: | | red subject document (Birth,Marriage and | | |
| | | nis/her spouse and or direct descendants | | |
| CHECKLIST OF REC | | WHERE TO SECURE | | |
| A. Original SECPA copy | | Philippine Statistics Authority | | |
| be corrected (Birth, Marr | _ | | | |
| Certificate) and 7 photoc | | | | |
| B. Original owner's copy | | Owner's Copy | | |
| to be corrected if availab | le (8 | | | |
| photocopies) | | | | |
| C. At least 3 of the follow | | | | |
| showing the correct entry to be corrected. (2 copies | • | | | |
| Baptismal Certific | | Church | | |
| • | | PSA /LCRO | | |
| Marriage Certificate o | | PSA /LCRO | | |
| family member | rimmediate | PSA/LCRO | | |
| | | COMELEC | | |
| Voter RegistrationOld Record of asc | | Assessor, COMELEC, Insurance etc. | | |
| Old Record of asc Valid ID/s | cendants | LTO/GSIS/SSS/Employment ID/PAG- | | |
| • Valid ID/S | | IBIG/Postal/PRC etc. | | |
| Community Tax 0 | Certificate | MTO/Brgy. Treasurer | | |
| Business Record | Jertineate | Personal Record/file | | |
| Bank Passbook | | Depository Bank | | |
| Medical Records | | Hospital/Clinic/RHU | | |
| Employment Record | | His Employer | | |
| School Records | | School | | |
| Additional -Must Require | ment for change | | | |
| of Name: | | | | |
| Police Clearance | | PNP | | |
| NBI Clearance | | NBI | | |
| Baptismal Certific | ate | Church | | |
| Employer's Clear | | Employer | | |



| of non-employment if not employed | |
|---|---------------------------------|
| Affidavit of Publication with newspaper clippings (2 consecutive issues) 3 copies | Newspaper Publisher |
| Additional-Must Requirement for | |
| Correction of Date of Birth and Month: | |
| Earliest School Record | Elementary School/Kinder garden |
| Affidavit of Publication with newspaper clippings (2 consecutive issues) 3 copies | Newspaper Publisher |
| D. Proof of Indigency issued by the MSWDO of place of residence of petitioner. | MSWDO |

| CLIENT | AGENCY ACTIONS | FEES TO BE | PROCESSI | PERSON |
|---|--|---|------------|--|
| STEPS | | PAID | NG TIME | RESPONSIBLE |
| 1. Submit required documents to MCR | Interview client. Assess/examine the submitted documents | None | 15 minutes | MCR/ Clerk IV LCRO |
| 2. Wait for the preparation of the petition | Prepare the petition. Advise client to pay the Service Fee or present proof of indigency. | None | 30 Minutes | MCR/ Clerk IV LCRO |
| 3. Pay the required fee | Receive the payment and issue receipt/ O.R. | Service Fee for:CCE =PHP 500.00 CFN =PHP 1,000.00 | 10 minutes | Revenue Collection Clerk Treasury Office |
| 4. Submit the OR to MCR and sign the petition | Receive OR and subscribe thepetition. Advise client to come back after 10 days of posting to send the petition to place of registration. * For CFN, advise client to publish to local newspaper for 2 consecutive weeks and submit 3 copies of affidavit of publication with newspaper clippings after publication. | None | 15 minutes | MCR/ Clerk IV LCRO |
| 5.) Submit | Receive the Affidavit | Cost of | 30 minutes | MCR LCRO |



| | IOIAL | 1,000.00/ PHP 500.00 | 1 nr. 4 | u minutes |
|---|--|--|---------|-----------|
| CFN. Ask PRCR for the petition to be mailed to RKCR | endorsement to RKCR. Advise client to send the copy thru LBC and Cash for Filing Fee in the name of Mun/ City Treasurer of the place where the document is registered and wait for the notice of the PRCR to return for the owner's copy. TOTAL | depend on the size, volume and destination | 1 hr. 4 | 0 minutes |
| Affidavit of Publication if | of Publication and prepare petition for | shipping of documents | | |



Out- of - Town Registration of Birth

Registration pursuant to Rule 20 of Administrative Order No. 1, series of 1993. This occurs when the Certificate of Live Birth is presented to the civil registrar of the city/municipality which is not the place of birth. This is not for registration but to be forwarded to the civil registrar of the city/municipality where the birth occurred.

| Office or Division: | Local Civil Registry Office | | |
|---|-----------------------------|----------------------------------|--|
| Classification: | Complex | | |
| Type of transaction: | G2C | | |
| Who may avail: | Owner of the document, | parents/guardian, any | |
| CHECKLIST OF F | REQUIREMENTS | WHERE TO SECURE | |
| 1. Negative Certification(1 | original, 4 photocopies) | Philippine Statistics Authority | |
| 2. Affidavit of 2 dis-interest copies) | LCR/Notary Public | | |
| 3. Affidavit of parents, if applicable (4 original copies) | | LCR/PSA | |
| 4. Marriage Certificate, if married (1 original, 4 photocopies) | | LCR/PSA | |
| 5. Any valid ID of registrant and Doc. Owner (1 original, 4 photocopies) | | COMELEC,LTO, GSIS, SSS, PRC etc. | |
| 6. Marriage Certificate of parents, if applicable (1 original, 4 photocopies) | | LCRO/PSA | |
| 7. Valid I.D's of Registrant | | Client | |
| 8. CEDULA of Registrant | | Client | |

| e. elbel ter regionant | | GHOTE | | |
|--|---|---|------------------------|--|
| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCES SING TIME | PERSON RESPONSI BLE |
| 1. Present / Submit to LCRO/CCR all the required documents for the Out-of-Town Registration of Birth | Accept, review and check for the authenticity of the documents | None | 10 minutes | MCR/ Clerk IV LCRO |
| 2. Pay fees to the treasury office. Present Payment Slip | Issue Official Receipt | Processing fee =PHP300.00 Affidavit/s PHP85.00/ PHP170.00 Certified Xerox =PHP85.00 D.S Tax =PHP30.00 | | Revenue Collection Clerk Treasury Office |
| 3. Return to the Registrar's Office for the processing of the document | Prepare the COLB and the affidavit for Out-of-Town Registration | None | 25 minutes | MCR/ Clerk IV LCRO |



| 4. Check correctness of entry/ies and sign the COLB include dorsal page (informant) | Receive and sign the COLB (prepared by) With annotation "Registered pursuant to Rule 20 of Administrative Order No. 1, s. 1993 and wait for the 10 days posting period. | None | 5 minutes | MCR/ Clerk IV LCRO |
|---|---|------------|--------------|--------------------------|
| 5. Mail the documents to the receiving Local CCR/MCR thru LBC or Postal (Client's Option) | Give client the documents for mailing | None | 5 minutes | MCR/ Clerk IV LCRO |
| 6. Wait for the return of the document (owner's copy) | Inform client thru text, letter or verbal for the arrival of the document | None | 3 minutes | MCR/ Clerk IV LCRO |
| | TOTAL | PHP 585.00 | 48 m | ninutes |



Petition for Correction of Clerical Error, Change of Name (R.A. 9048) and Correction of Sex/Birth Month (R.A. 10172)

Republic Act 9048 and Republic Act 10172 amended Article 376 Article 412 authorizes the Local Civil Registrar to correct clerical or typographical errors in any entry, change of first name, sex, day and month of birth without a judicial order. However, correction/change ofnationality, status of a person is not covered by R.A. 9048 and R.A. 10172.

The Petition shall not be processed unless the petioner supports it with the required documents and pay the required fees or show evidence or proof of indigency to qualify him/her for free filing fee.

| Office or Division: | Local Civil Registry Office (LCRO) | | | |
|--|---|---|--|--|
| Classification: | Highly Technical | | | |
| Type of transaction: | GŽC | | | |
| Who may avail: | Owner of Registered Births, Marriages and Deaths in the municipality, parents and his/her spouse, direct descendants, institutions legally in-charge for any administrative, judicial or other official proceedings with valid identification and ocument/s | | | |
| CHECKLIST OF REC | | WHERE TO SECURE | | |
| A. Original SECPA copy of document to be corrected (Birth, Marriage, Death Certificate) and 7 photocopies B. Original owner's copy of the document to be corrected if available (8) | | Philippine Statistics Authority | | |
| photocopies) 1. At least 3 of the following | ovina documento | | | |
| showing the correct entry | | | | |
| item/s to be corrected.(2 | | | | |
| Baptismal Certificate | | Church | | |
| Marriage Certificate (if married) | | PSA /LCRO | | |
| Birth Certificate of immediate family member | | PSA /LCRO | | |
| Voter Registration | | COMELEC | | |
| Old Record of ascend | dants | Assessor, COMELEC, Insurance etc. | | |
| Valid ID/s | | LTO/GSIS/SSS/Employment ID/PAG-IBIG/Postal/PRC etc. | | |
| Community Tax Certificate | | MTO/Brgy. Treasurer | | |
| Business Record | | Client | | |
| Bank Passbook | | | | |
| Medical Records | | | | |
| Employment Record | | | | |
| School Records | | | | |
| Additional –Must Require | ement for change | | | |
| of Name: | | DND | | |
| Police Clearance | | PNP | | |



| NBI Clearance | NBI |
|---|---------------------------------|
| Baptismal Certificate | Church |
| Employer's Clearance or Affidavit of | Employer |
| non-employment if not employed | |
| Affidavit of Publication with | Newspaper Publisher |
| newspaper clippings (2 consecutive | |
| issues) 3 copies | |
| Additional-Must Req. for correction of | |
| Sex: | |
| Personal Appearance of Document | |
| Owner of Birth Cer. | |
| Medical Certificate | Medical Practitioner |
| Health Certificate issued by MHO | MHO |
| Affidavit of Publication with | Newspaper Publisher |
| newspaper clippings (2 consecutive | |
| issues) 3 copies | |
| Additional-Must Requirement for | |
| Correction of Date of Birth and Month: | |
| Earliest School Record | Elementary School/Kinder garden |
| Affidavit of Publication w/ newspaper | Newspaper Publisher |
| clippings (2 consecutive issues) 3 | |
| copies | |
| A. Proof of Indigency issued by the | MSWDO |
| MSWDO of place of residence of | |
| petitioner.(if applicable) | |

| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCESS ING TIME | PERSON RESPONSIB LE |
|---|--|--|---------------------|--|
| 1. Submit required documents to MCR | Interview client. Assess/examine the submitted documents | None | 15 minutes | MCR/ Clerk IV LCRO |
| 2. Wait for the preparation of the petition | Prepare the petition. Advise client to pay the Filing Fee or present proof of indigency. | None | 30 Minutes | MCR/ Clerk IV LCRO |
| 3. Pay the required fee | Receive the payment and issue receipt/ O.R. | Filling Fee for: CCE- PHP 1,000.00 CFN- PHP3,000.00 RA10172- PHP3,000.00 | 10 minutes | Revenue Collection Clerk Treasury Office |
| 4. Submit the OR to MCR and sign the petition | Receive OR and subscribe the petition. Advise | None | 15 minutes | MCR/ Clerk IV LCRO |



| | client to come back after 10 days of posting to send the petition to OCRG for affirmation. * For CFN and RA 10172, advise client to publish to local newspaper for 2 consecutive weeks and submit 3 copies of affidavit of publication with newspaper clippings after publication. | | | |
|--|---|----------------------------|------------|--|
| 5. Submit the Affidavit of Publication with newspaper clippings to MCR and ask for the petition to be mailed to OCRG | Receive the Affidavit of Publication with newspaper clippings and act on the petition. Prepare endorsement for affirmation/ action to OCRG. Advise client to send the copy to OCRG thru LBC and wait for the notice to return for the preparation of the Certificate of Finality. | None | 30 minutes | MCR/ Clerk IV LCRO |
| 6.Ask the action taken by CRG on the petition filed | *If affirmed, prepare Certificate of Finality and required annotated and unannotated copies of the affected document and endorse to CRS annotation of SECPA copy. | 250.00 each Certificate | 10 minutes | Revenue Collection Clerk Treasury Office |



| 7. Submit the OR | Advise client to pay for the Certificate of Finality. *If impugned, advise client what to do or prepare again for a motion for reconsideration if needed. Receive the OR | Minimum of | 15 minutes | MCR/ Clerk IV LCRO |
|---|---|-------------------------------|--------------------------------|---|
| to MCR and wait for the copy of | and attach to the owner's copy. | 130.00 of each pouch of | | LOITO |
| the petition and copy for CRS to be mailed | Issue the a set of owner's copy and CRS copy and advise client to send thru LBC. | document | | |
| 8. Receive the owner's copy of petition and copy of CRS to be sent thru LBC | Advise client to follow up to nearest PSA outlet from his residence after a couple of month for the annotated copy | PHP155.00 each document | per PSA Citizens Charter | Philippine Statistic Auhtority (PSA) |
| | TOTAL | PHP 1,535.00/ PHP 3,535.00 | 2 hrs. 5 | minutes* |

^{*}Excluding PSA processing time



Registration of Affidavit of Acknowledgment of Paternity (AAP)

Affidavit of Acknowledgment of Paternity applies to illegitimate children with unknown father or not acknowledged by his father at the back of the Certificate of Live Birth at the time of registration.

AAP can be executed by the father of the place of his residence before a Notary Public or before the Municipal Civil Registrar of his residence. The place of execution is the place of registration of the instrument.

| Office or Division: | Local Civil Registry Office | | |
|---|---|-------------------------------|--|
| Classification: | Simple | | |
| Type of transaction: | G2C | | |
| Who may avail: | All individuals who were born in the municipality who were not acknowledged by the father at the time of registration of birth. | | |
| CHECKLIST OF REQUIREMENTS | | WHERE TO SECURE | |
| A. Present valid ID of the father (1 original, 1 photocopy) B. Affidavit of Acknowledgement of Paternity | | LTO, COMELEC, GSIS etc. LCRO | |
| (1 original, 4 photocopies) C. SECPA copy of Certificate of Live Birth of the child (if applicable) (1 original, 4 photocopies) | | PSA | |

| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
|---|---|--|-----------------|--|
| 1.) Submit documents to LCR Office | Receive and review the submitted documents | None | 10 minutes | MCR/ Clerk IV LCRO |
| 2.) Pay required fees to Treasury Office. Present Payment Slip | 2. Issue Official Receipt | Cert. of Registration =PHP150.00 Affidavit =PHP85.00 D.S.Tax =PHP30.00 | 5 minutes | Revenue Collection Clerk Treasury Office |
| 3.) Present Official Receipt | 3. Receive O.R - prepare the Certificate of Registration -Annotate and certify the document s and prepare | None | 25 minutes | MCR/ Clerk IV LCRO |



| | endorsement to OCRG | | | |
|---|--|-----------|-----------|-----------------------|
| 4.) Receive 2 sets of documents 1 set for mailing to PSA-OCRG and another set for personal copy | 4. Issue 2 sets of documents to client | None | 5 minutes | MCR/ Clerk IV LCRO |
| | TOTAL | PHP265.00 | 45 | minutes |



Registration of Birth of an Illegitimate Child (Timely) under R.A. 9255

R.A. 9255 is an act allowing illegitimate child to Use the Surname of the Father, amending for the Purpose Article 176 of Executive Order No. 209, otherwise known as the Family of the Philippines, if the filiation has been expressly recognized by the father through the record of birth or when an admission in a public document or private handwritten instrument is made by the father. New IRR took effect August 16, 2016 and covering births after March 19, 2004 to present.

AUSF of child 0-6 years old is executed by the mother.

AUSF of child7-17 years old is executed by the child with attestation of the Mother.

Local Civil Registry Office

AUSF of child 18 and above is executed by the child.

Office or Division:

Classification:

| Classification: | Simple | | | | | |
|---|--------------------|---|------|------------------|------------------------|--|
| Type of transaction: | | G2C | | | | |
| Who may avail: | | Illegitimate Child, Par | ents | s/guardiar | of the child | |
| CHECKLIST OF REQUIREMENTS | | | | W | HERE TO S | ECURE |
| Duly Accomplished CC | | | | LCRO | | |
| Affidavit to Use the Su | | e of the Father | | | lotary Public | ; |
| CEDULA of both parer | nts | | | Baranga | y / MTO | |
| CLIENT STEPS | A | GENCY ACTIONS | | EES TO E PAID | PROCES SING TIME | PERSON RESPONSI BLE |
| 1. Request for the | Inte | rview client and | | None | 10 | MCR/ Clerk |
| registration of the child | prep COI | pare 4 copies of LB | | | minutes | <i>IV</i> LCRO |
| 2. Pay required fees to the treasury office. present Payment Slip | Issu | ue Official Receipt | | A 9255 250.00 | 5 minutes | Revenue Collection Clerk Treasury Office |
| 3. Present Official Receipt | - Er | ceive Official Receipt acode 4 copies of LBto PhilCris | | None | 5 minutes | MCR/ Clerk IV LCRO |
| 4. Review entry/ies and sign the COLB (informant) | COI Pre | ceive and sign the LB (prepared by) pare the AUSF. | | None | 15 minutes | MCR/ Clerk IV LCRO |
| 5. Affiant will review and sign the AUSF | doc Pre regi | ceive and sign the uments and register. pare certificate of stration and orsement to OCRG | | None | 5 minutes | MCR/ Clerk IV LCRO |
| 6. Receive copy of the COLB together with the AUSF | | ease Registered LB and AUSF | | None | 3 minutes | MCR/ Clerk IV LCRO |
| | | TOTAL | | PHP | 48 n | ninutes |
| | | | 2 | 250.00 | | |



Registration of Birth of Legitimate Child (Timely)

The birth of a child shall be registered within thirty (30) days from the time of birth in the Civil Registry Office of the municipality/city where the birth occurred. Certificate of Live Birth shall be prepared in four (4) copies and one (1) copy shall be forwarded to the Office of the Civil Registrar General every first ten (10) days of the following month.

| Office or Division: | Local C | Local Civil Registry Office | | | | |
|---|-----------|---|-----------------------|--|--|--|
| Classification: | Simple | | , | | | |
| Type of transaction: | G2C | | | | | |
| Who may avail: | All child | ren born i | n the municipality | | | |
| CHECKLIST OF RE | QUIREMENT | UIREMENTS WHERE TO SECURE | | | | |
| A. Duly accomplished Certi copies (all original) B. Marriage Certificate of cl | | LCRO Personal Copy (F | - Form | | | |
| applicable) | • | , | 97)/PSA/LCRO | | | |
| CLIENT STEPS AGENCY ACTIONS TO BE PAID | | PROCESSING TIME | PERSON RESPONSIBLE | | | |
| 4 December | A = = = 1 | ALCO ALCO ALCO ALCO ALCO ALCO ALCO ALCO | | | | |

| applicable) | | 97)/PSA/LCRO | | |
|---|---|-----------------------|--------------------|-----------------------|
| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
| 1. Present/ SubmitMarriageCertificate of child's parents to LCRO Personnel for verification | Accept and interview informant | None | 3 minutes | MCR/ Clerk IV LCRO |
| 2. Fill up COLB Information Sheet | Encode in the PhilCris and print | None | 5 minutes | MCR/ Clerk IV LCRO |
| 3.Review and sign the COLB (informant) | Sign and register the COLB and issue owner's copy | None | 2 minutes | MCR/ Clerk IV LCRO |
| 4.Receive the registered COLB | | None | 2 minutes | MCR/ Clerk IV LCRO |
| | TOTAL | None | 12 m | inutes |



Registration of Certificate of Marriage (Timely)

Reglementary period for a Certificate of Marriage with license is fifteen (15) days following the date of solemnization while Marriage exempt from license requirement (Article 34) is thirty (30) days. It is the duty of the Solemnizing Officer to report the marriage to the Local Civil Registry Office where the marriage was solemnized.

| Office or Division: | Local Civil Registry Office | | | | |
|------------------------------|--|--|--|--|--|
| Classification: | Simple | | | | |
| Type of transaction: | G2C | | | | |
| Who may avail: | All couples who were married in the municipality | | | | |
| CHECKLIST OF | WHERE TO SECURE | | | | |
| A.Duly accomplished Certifi | Church/LCRO | | | | |
| Marriage (Form 97) 4 Origin | Charch/LCRO | | | | |
| B. Affidavit of Cohabitation | LCRO/Notary Public | | | | |

| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
|--|---|-----------------------|--------------------|-----------------------|
| 1. Submit 4 copies of the Certificate of Marriage to LCR Office. | Accept and review for the correctness of entries a. Check completeness of signatures b. Receive, sign, register and encode the PhilCris | None | 5 minutes | MCR/ Clerk IV LCRO |
| 2. Receive registered Certificate of Marriage -1 Original Copy for the couple -1 Original Copy for the Solemnizing Officer | Release owner's copy and SO's copy | None | 5 minutes | MCR/ Clerk IV LCRO |
| | TOTAL | None | 10 mi | nutes |



Registration of Death Certificate (Timely)

Death Certificate shall be registered in the Local Civil Registry Office of place of occurrence within thirty (30) days from the time of death.

When death occurred in vehicle, airplane or vessel while in transit within jurisdiction of the Philippines and exact place of death cannot be determined, the Certificate of Death shall be issued by the health officer of the place of burial/cremation and shall be registered at the Local Civil Registry Office of the said city/municipality.

Registered Death Certificate is a requirement in securing burial permit. Failure to secure burial permit before burial of human remains is a fine of Two Hundred Fifty Pesos to be charged to the solemnizing officer. Municipal Ordinance No. 4 series of 2016.

| Office or Division | 1 : | Local Civil Registry Office | | | | |
|--|---|-----------------------------|-----------------------|---------------------------------|---------------------------------|--|
| Classification: | | Simple |) | | | |
| Type of transacti | ype of transaction: G2C | | | | | |
| Who may avail: | | | ividuals who | ose family membe unicipality | ers death | |
| CHECKLIS | T OF REQUI | REMEN | ITS | WHERE T | O SECURE | |
| A. Duly accomplis 103) – 4 Original (| | e of Dea | ` | LCRO | | |
| CLIENT STEPS | AGENC ACTION | | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE | |
| 1. Submit to LCR the COD information form from RHU | Receive, rev and encode COD thru Ph | the | None | 7 minutes | MCR/ Clerk IV LCRO | |
| 2. Receive, review and Sign the COD (Informant) | Advise client to embalmer signature at back of the and MHO fo cause of dea | for the COD r the | None | 2 Minutes | MCR/ Clerk IV LCRO | |
| 3. Proceed to embalmer and MHO for signature | Receive and the COD | l sign | None | | Embalmer | |
| 4. Return to LCRO then submit the signed COD | Accept and register the 0 | | None | 5 minutes | MCR/ Clerk IV LCRO | |
| 5. Receive Owner's Copy-1 original Form103 | Release Ow Copy and ac client to secu burial permit | dvise ure | None None | 1 minute | MCR/ Clerk IV LCRO inutes | |
| | ı | UTAL | none | IN CT | mutes | |



OFFICE OF THE MUNICIPAL BUDGET OFFICER

External Services



Review of Proposed Barangay/ Sangguniang Kabataan Annual Budget & Supplemental Budget

Annual and/or supplemental budget reflects the programs, projects and activities the local government wish to undertake for a certain budget year with corresponding allowable appropriations.

| Office: | Office of the | Office of the Municipal Budget Officer (OMBO) | | | | |
|--|---|---|--|---|--|--|
| Classification: | Highly Tech | nical | | | | |
| Type of Transaction: | | | | | | |
| Who may avail: | All 8 barang | | | WILEDE TO | OFOURE | |
| CHECKLIST OF | | 18 |) | WHERE TO | | |
| a. Transmittal Letter b. Appropriation Ordinance c. Budget Message d. BBP Form Nos. 1-4 e. Approved AIP | | Brgy. Secretary/Punong Barangay Barangay Council Punong Barangay Brgy. Treasurer/Brgy. Treasurer Brgy. Council Brgy. Council BDRRMC | | | | |
| g. BDRRM Pla h. SK Annual E 2. For SK Annual a. Transmittal I | nual Budget nnual Budget | | | Chairman | | |
| b. Budget Mes c. Resolution in | b. Budget Messagec. Resolution identifying PPAs and fund requirement | | | SK Chairman SK Chairman Brgy. Treasurer | | |
| e. Annual Bara Investment F 3. For Supplemen | ingay Youth Plan (ABYIP) tal Budget | iity | SK Chairman | | | |
| a. Transmittal I b. Appropriatio Ordinance/R c. Approved So | n Resolution | rm. | Brgy. Secretary/PB/SK Chairman Brgy. Secretary/PB/SK Chairman Brgy. Treasurer/SK Treasurer | | | |
| | of Fund availab | | | gy. Treasurer/SK | | |
| CLIENT STEPS | AGENCY ACTION | FEES BE PA | TO ID | PROCESSING TIME | PERSON RESPONSIBLE | |
| proposed Brgy./SK Bu Annual Budget Real Budget Real Budget Supplemental Budget Supplemental Budget Real Budget Batter Supplemental Budget Batter Bat | eceives gy./SK Annual udget upplemental udget eviews urangay/SK upplemental | None | | 2 minutes Brgy./ SK Annual budget = 2 hours Supplemental | Mun. Budget Officer/ Budgeting Assistant Budget Office | |

budget = 30 minutes



| Transmits Brgy./SK Annual Budget /Supplemental Budget to the Sanggunian Bayan | None | 2 minutes | Mun. Budget Officer/ Budgeting Assistant Budget Office |
|---|------|---|--|
| Total: | None | Annual Budget Minutes Supplemental I Minutes | –2 Hours and 4 Budget – 34 |



OFFICE OF THE MUNICIPAL BUDGET OFFICER

Internal Services



Issuance of Certification on Appropriations, Funds and Obligation of Allotment (CAFOA)

Certification on Appropriations, Funds and Obligation of Allotment (CAFOA) is prepared to testify existence of appropriation in the Annual Budget

| Office: | Office of the Municipal Budget Officer | | | | | |
|---|--|---|--|--|--|--|
| Classification: | Simple | - | | | | |
| Type of Transaction: | | | | | | |
| Who may avail: | All claimants of pa | yments from LGU Suyo | | | | |
| CHECKLIST OF RE | QUIREMENTS | WHERE TO SECURE | | | | |
| a. Payment of Salaries and other Forms of Services Payroll | | -Accounting Office | | | | |
| b. Cash advances for Seminars | Trainings & | | | | | |
| Approved Travel Ord Approved Itinerary or Letter/communication training/seminar | f Travel n regarding | -Office of the Mayor -Employee concern -Employee concern | | | | |
| c. Reimbursements o Approved Travel Ord Official Receipt/Trip Approved Itinerary o Certificate of Appear | der tickets f Travel rance | -Office of the Mayor -Employee concerned -Employee concerned -Office/Establishment visited | | | | |
| d. Procurement of Goods & Services For Small Value Procurement Approved Purchase request Request for Quotation/ Canvass Approved PPMP and APP if outside annual budget | | | | | | |
| For Competitive Bidding Complete documents as per RA 9184 SWA Letter request Inspection & Acceptance Report | | | | | | |
| Burial – Death cert OSCA certification Death Certificate Approved AICS Forn Financial Assistance (AI Certificate of Indigen | ICS) | | | | | |



- AICS form
- ORS/Medical Certificate

- Livelihood Assistance

 SEC/BIR Registration
 Project Proposal
- By-Laws
- Articles of IncorporationOfficial Receipt

| · Omolai Recorpt | | | | |
|------------------------|--|-----------------------|---------------------|-----------------------------------|
| CLIENT STEPS | AGENCY ACTION | FEES TO BE PAID | PROCESSI NG TIME | PERSON RESPONSIBLE |
| 1. Submits documentary | 1.1 Receives documents | None | 1 minute | |
| requirements | 1.2 Prepares CAFOA | None | 5 minutes | Mun. Budget Officer/ Budgeting |
| | 1.3 Signs the CAFOA as to existence of appropriation | None | 1 minute | Assistant Budget Office |
| | TOTAL: | NONE | 7 | Minutes |



Preparation of LGU Annual Budget

Annual budget is a financial statement which reflects projected income and expenditures for a certain year.

| Office: | Office of the M | Office of the Municipal Budget Officer (OMBO) | | | | | |
|----------------------|--|---|---------------------|---|--|--|--|
| Classification: | Highly Technic | | ` | , | | | |
| Type of Transaction | n: G2G | | | | | | |
| Who may avail: | All departmen | ts of the Loca | I Government | Unit | | | |
| CHECKLIST OF | REQUIREMENTS | | WHERE TO | SECURE | | | |
| 1. Annual Investme | ent Plan (AIP) | | | | | | |
| 2. Certified Stateme | ent of Income | Municipa | l Treasurer | | | | |
| 3. Personnel Sched | dule | HRMO | | | | | |
| CLIENT STEPS | AGENCY ACTIO | N TO BE PAID | PROCESSI NG TIME | PERSON RESPONSIBLE | | | |
| | Review & consolidates budger proposals of all departments | None et | 30 Days | | | | |
| | 2. Assists in the conduct of Budget Hearing | None | 4 Hours | | | | |
| | 3. Prepares Budge Preparation Forms for signature of LC and department heads | s | 15 Days | <i>Mun. Budget</i> <i>Officer</i> Budget Office | | | |
| | 4. Prepares the Budget Message | None | 1 Hour | | | | |
| | 5. Submits Executive/Annual Budget to the Sanggunian for legislative review and approval | None | 10 Minutes | | | | |
| | Tota | al: None | | 5 Hours and 10 Inutes | | | |
| | | | į iv | ที่ที่เนเ น อ | | | |



Preparation of Supplemental Budget

A supplemental budget is a financial plan authorized by the Sanggunian allowing changes in the annual budget.

| Office: | Office of the Mun | Office of the Municipal Budget Officer | | | |
|--|--|--|---------------------|--------------------------|--|
| Classification: | Simple | Simple | | | |
| Type of Transactio | n: G2G | G2G | | | |
| Who may avail: | All departments | | J | | |
| CHECKLIS | T OF REQUIREMENT | S | WHERE | E TO SECURE | |
| 1. Certified stateme | ent of additional realized | d income | Municipal Tr | easurer | |
| 2. Certification of sa | avings | | Municipal Ad | ccountant | |
| 3. Supplemental Pf | PMP | | Department | Head | |
| 4. Supplemental AIP | | | MPDO | | |
| CLIENT STEPS | AGENCY ACTION | FEES TO BE PAID | PROCESSI NG TIME | PERSON RESPONSIBLE | |
| Submits duly accomplished PPMP and AIP | 1.1 Prepares Supplemental Budget Form | None | 1 Day | Mun. Budget | |
| | 1.2 Submits duly signed/approved Supplemental Budget to the Sanggunian | None | 5 minutes | Officer Budget Office | |
| | Total: | None | 1 Day | ; 5 Minutes | |



OFFICE OF THE MUNICIPAL SOCIAL WELFARE AND DEVELOPMENT OFFICER

External Services



Assistance to Individuals in Crisis Situations (AICS)

The provision of financial assistance for the poor, marginalized and vulnerable/disadvantaged individuals.

| Office or Divis | vision: Municipal S | | Social Welfare & Development Office | | | | |
|-------------------------------------|---|-------------|-------------------------------------|--------------------|---|--|--|
| Classification | : | Simple | | | | | |
| Type of Trans | action: | G2C | | | | | |
| Who may avai | | Qualified C | Elients | | | | |
| CHECKLIST | OF REQUIR | EMENTS | WHERE TO SECURE | | | | |
| Certificate of Ir | ndigency | | Barangay | hall | | | |
| Medical Certific | cate & Biiling | Certificate | Hospital | | | | |
| Receipts of me | | | Client | | | | |
| CLIENT STEPS | AGENCY A | ACTIONS | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE | | |
| 1. Submit the complete requirements | Client's intake interview & assessment of documents submitted | | None | 5 Minutes | MSWDO/Social Welfare Aide/ Admin. Aide MSWD Office | | |
| 2. Sign the accomplished form | Prepare the AICS form | | None | 5 Minutes | | | |
| 3. Wait for the notice | 3.1 Forward the document to OM for approval | | None | 2 Minutes | MSWDO/Social Welfare Aide/ Admin. Aide MSWD Office | | |
| | 3.2 Documents forwarded to Budget Office for issuance of ALOBS | | None | 5 Minutes | Mun. Budget Officer/ Budgeting Aide Budget Office | | |
| | 3.3 Documents forwarded to Office of the Municipal Accountant for documents' review & processing of disbursement voucher for financial assistance | | None | 20 Minutes | Mun. Accountant/ Admin. Officer IV/ Admin. Assistant III Accounting Office | | |
| | 3.4 Documents forwarded to OM for approval of financial assistance | | None | 15 Minutes | Administrative Aide Mayor's Office | | |
| | 3.5 Docume forwarded to Treasury for processing of the control of | Office of | None | 5 Minutes | Revenue Collection Clerk Treasury Office | | |



| | 3.6 Documents forwarded to Office of the Municipal Accountant for issuance of Accountant's Advice for Check Issued | None | 12 Minutes | Mun. Accountant/ Admin. Officer IV/ Admin. Assistant III Accounting Office |
|---------------------------------|--|------|------------|--|
| | 3.7 Notify client/s | None | 2 Minutes | MSWDO/Social Welfare Aide/ Admin. Aide MSWD Office |
| 4. Receive financial assistance | Release of check for financial assistance | None | 2 Minutes | Revenue Collection Clerk/ MSWDO/Social Welfare Aide/ Admin. Aide Treasury Office/ MSWDO Office |
| | TOTAL | NONE | 1 hour a | & 13 minutes |



Assistance to Victims of Manmade and Natural Calamities

The program aim to respond to the immediate emergency need of the family to safety and adequate support to access to basic services to ensure a life of dignity.

| Office or Division: | Municipal Social Welfare & Development Office | | | |
|---|---|---------------------------------------|--|--|
| Classification: | Simple to Comple | x | | |
| Type of Transaction: | G2C | | | |
| Who may avail: | Victims of manmade & natural calamities | | | |
| CHECKLIST OF REQUIREMENTS | | WHERE TO SECURE | | |
| Referral/Certification/Certificate of Indigency | | Any Concerned Citizen / Barangay hall | | |
| Documentations (Picture) | | Client | | |
| Fire Incidence Report | | BFP | | |

| Fire incluence | Report | БГГ | | |
|----------------------------------|---|-----------------------|--------------------|--|
| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
| Submit the complete requirements | 1.1 Client's intake interview & assessment 1.2 Fill-up Disaster Assistance Family Access Card (DAFAC) | None | 30 Minutes | MSWDO/Staff MSWD Office |
| | 1.3 Validation's visit 1.4 Certificate of Eligibility | None | 4 Hours | |
| 2. Sign the accomplished form | Prepare the AICS form | None | 5 Minutes | MSWDO/Staff MSWD Office |
| 3. Wait for the notice | 3.1 Forward the document to OM for approval | None | 2 Minutes | |
| | 3.2 Documents forwarded to Budget Office for issuance of ALOBS | None | 5 Minutes | Mun. Budget Officer/Budgeting Aide Budget Office |
| | 3.3 Documents forwarded to Office of the Municipal Accountant for documents' review & processing of disbursement voucher for financial assistance | None | 20 Minutes | Mun. Accountant/ Admin. Officer IV/ Admin. Assistant III Accounting Office |



| | TOTAL | NONE | 5 hours a | and 38 minutes |
|---------------------------------|---|--------------|----------------------|---|
| 4. Receive financial assistance | Release of check for financial assistance | None | 2 Minutes | Revenue Collection Clerk/ MSWDO/Staff Treasury Office/ MSWD Office |
| | 3.7 Notify client/s | None | 2 Minutes | MSWDO/Staff MSWD Office |
| | Treasury for processing of check 3.6 Documents forwarded to Office of the Municipal Accountant for issuance of Accountant's Advice for Check Issued | None | 12 Minutes | Treasury Office Mun. Accountant/ Admin. Officer IV/ Admin. Assistant III Accounting Office |
| | 3.4 Documents forwarded to OM for approval of financial assistance 3.5 Documents forwarded to Office of | None None | 15 Minutes 5 Minutes | Administrative Aide Mayor's Office Revenue Collection Clerk |



Treasury Office

Burial Assistance to Families of Deceased Senior Citizens

The provision of financial assistance to the bereaved families of registered resident Senior Citizens of the Municipality as mandated under Section 4, Article 20 of the Implementing Rules and Regulation of RA No. 9994.

| Office or Divis | ion: Municipal Social Welfare & Development Office | | | | | | |
|---------------------------|--|---------------|---------|----------|-----------------|-------------------------------|--|
| Classification | | Simple | iai VV | Giiai | C & Developinen | CHICE | |
| Type of Trans | | G2C | | | | | |
| Who may avai | | Registered Se | enior (| Citiz | ens | | |
| CHECKLIST OF REQUIREMENTS | | | 11101 | <u> </u> | WHERE TO | SECURE | |
| Senior Citizens | | | | | Clien | | |
| Death Certifica | <u> </u> | | | | Clien | | |
| Proof of relation | • | | | | Clien | | |
| Certificate of E | • | 40004004 | | | OSC | | |
| CLIENT | | | FEI | ES | PROCESSING | PERSON | |
| STEPS | AGENC | Y ACTIONS | то | | TIME | RESPONSIBLE | |
| | | | PA | | | | |
| 1.Submit the | Client's int | ake interview | No | ne | 5 Minutes | MSWDO/Social | |
| complete | & assessn | nent of | | | | Welfare Aide/ | |
| requirements | documents | s submitted | | | | Admin. Aide | |
| 2.Sign the | Prepare th | e AICS form | No | ne | 5 Minutes | MSWD Office | |
| accomplished | | | | | | | |
| form | | | | | | | |
| 3.Wait for the | 3.1 Forward | | No | ne | 2 Minutes | MSWDO/Social Welfare Aide/ | |
| notice | document | to OIVI for | | | | Admin. Aide | |
| | approval | | | | | MSWD Office | |
| | 3.2 Docum | nents | No | ne | 5 Minutes | Mun. Accountant/ | |
| | forwarded | to Budget | | | | Admin. Officer | |
| | | ssuance of | | | | IV/ Admin. | |
| | ALOBS | | | | | Assistant III Accounting | |
| | | | | | | Office | |
| | 3.3 Docum | nents | No | ne | 20 Minutes | Mun. Accountant/ | |
| | forwarded | to Office of | | | | Admin. Officer | |
| | the Munici | pal | | | | IV/ Admin. | |
| | Accountar | | | | | Assistant III | |
| | | s' review & | | | | Accounting Office | |
| | processing of | | | | | Office | |
| | disbursement voucher | | | | | | |
| | for burial assistance | | NI. | | 45 Min. 4 | A alma in internations | |
| | 3.4 Documents forwarded to OM for | | No | ne | 15 Minutes | Administrative Aide | |
| | | | | | | Mayor's Office | |
| | approval o | | | | | .viayor o omoo | |
| | 3.5 Docum | | No | ne | 5 Minutes | Revenue | |
| | | to Office of | 140 | . 10 | - C IVIII IGLOO | Collection Clerk | |

Treasury for processing



| | of check | | | |
|------------|-------------------------|------|------------|-------------------|
| | 3.6 Documents | None | 12 Minutes | Mun. Accountant/ |
| | forwarded to Office of | | | Admin. Officer |
| | the Municipal | | | IV/ Admin. |
| | Accountant for issuance | | | Assistant III |
| | of Accountant's Advice | | | Accounting |
| | for Check Issued | | | Office |
| | 3.7 Notify client/s | None | 2 Minutes | MSWDO |
| | - | | | MSWD Office |
| 4.Receive | Release of check for | None | 2 Minutes | Revenue |
| financial | burial assistance | | | Collection Clerk/ |
| assistance | | | | MSWDO/Social |
| | | | | Welfare Aide/ |
| | | | | Admin. Aide |
| | | | | Treasury Office/ |
| | | | | MSWDO Office |
| | TOTAL | None | 1 hour & ' | 13 minutes |



Conduct of Pre-Marriage Orientation & Counselling (PMOC)

Pre-marriage orientation and counselling is rendered to would-be couples who applied for a marriage license pursuant to Presidential Decree 965. The PMOC provides an avenue where they will learn the concept of marriage, responsibilities, and skills they must process prior to the marriage.

| Office or Divis | ion: | Municipal Social Welfar | | | e & Development Office | | |
|--|---|-------------------------|-------------------------|-----------|------------------------|---|--|
| Classification: | | Simple | | | | | |
| Type of Transa | action: | G2C | | | | | |
| Who may avail: All would be couples applying | | | | plying | | | |
| | | F REQUIR | | | WHERE | TO SECURE | |
| Duly accomplision | | | | | MSWDO | | |
| Official Receipt | of PMC fe | ee | | | Municipal ⁻ | Treasury Office | |
| CLIENT STEPS | | NCY IONS | FEES TO BE PAID | PRC | CESSING TIME | PERSON RESPONSIBLE | |
| 1.Present the Official Receipt for PMC Fee | Provide the Application Form and the Marriage Expectations Inventory Form (MEIF) for accomplishment | | PMC Fee – PHP 200.00 | 5 Minutes | | MSWDO Municipal Social Welfare & Development Office | |
| 2.Accomplish the forms | Review and advise them for the schedule of PMOC | | None | 10 N | linutes | | |
| 3.Attendance to the Pre- Marriage Orientation and Counselling | Actual conduct of Pre-Marriage Orientation and Counselling | | | 4 Ho | ours | PMOC Team Suyo, Ilocos Sur | |
| 4.Receive Certificate of Compliance | Prepare release Certificat | te of | | 5 Mi | nutes | | |

TOTAL PHP 200.00

24 minutes



Early Childhood Care and Development thru Day Care Service & Supervised Neighborhood Play

Early Childhood Care and Development focus on the full range of health, nutrition, early education and social services development programs that provide for the basic holistic needs of young children from age 2 to 4 years, and to promote their optimum growth and development.

The Municipality have 15 Child Development Centers (CDC) and 6 Supervised Neighborhood Play (SNP) under the supervision of the MSWDO.

| Office or Divis | ion: | on: Municipal Social Welfare | | | & Development Office | | |
|---|---|---|-----------------------------------|------------|------------------------|--|--|
| Classification: | | Simple to Co | omplex | | | | |
| Type of Transa | action: | G2C | | | | | |
| Who may avai | | All children 2 | | ears of | age | | |
| CHECKLI | ST OF REC | QUIREMENTS | S | | WHERE T | O SECURE | |
| Child's Birth Ce | • | | | Clien | t | | |
| Child's Health F | Record (Pho | otocopy) | | Olicii | | | |
| CLIENT STEPS | AGENC | ACTIONS | FEES BE P | | PROCES SING TIME | PERSON RESPONSIBLE | |
| 1. Enroll the child to the respective Day Care/SNP Worker | Interview client and fill-up Intake Form | | | | 10 Minutes | Child Development Worker/ SNP Worker | |
| 2. Provide the documents needed | Review documents presented before filing | | None | | 5 Minutes | Child Development Worker/ SNP Worker | |
| 3. Prepare registration fee and monthly | Orientation of Parents/ Guardians | | One T Regist n Fee P100. | ratio – | 30 Minutes | Child Development Worker/ SNP Worker | |
| participation fee | Formation of Day Care Service Parents Group (DCSPG) | | Month Fee– P100. | ly | | | |
| 4.Participation to the Day Care Service | 4.1 Conduct of Day Care Session (Mon- Fri) | | None | | 3 Hours | Child Development Worker/ SNP Worker | |
| | 4.2 Conduct of quarterly Operation Timbang (OPT) | | None | | 2 Minutes/ Child | Child Development Worker/ SNP Worker | |
| | Suppleme Feeding F | Conduct of plementary ding Program days only) | | ne | 30 Minutes | Child Development Worker/ SNP Worker/ DCSPG Volunteer | |
| | 4.4 Child's assessme | | No | ne | 10 Minutes | Child Development Worker/ | |



| | ECCD Checklist (Quarterly) | | /Child | SNP Worker |
|--|---|---|---------|---|
| | 4.5 Monthly meeting | None | 2 Hours | MSWDO MSWD Office |
| 5. Attend quarterly meeting of Parents | Conduct of DCSPG quarterly meeting | None | 1 Hour | Child Development Worker/ SNP Worker |
| 6. Attend Child's recognition | Conduct of Day Care Mass Recognition or Moving-up Cermony | None | 3 Hours | MSWDO/Child Development Worker/ SNP/Worker Parents/Child & other stakeholders |
| TOTAL | | One Time Registratio n Fee – P100.00 Monthly Fee– P100.00 | 10 hour | s & 27 minutes |



Facilitate Social Pension Program

Social Pension is additional government assistance pursuant to Section 1, Article 20 of the Implementing Rules and Regulation of Republic Act No. 9994. Qualified Senior Citizen/s shall be entitled to a monthly stipend amounting to Five Hundred Pesos only (Php 500.00) to augment the daily subsistence and other medical needs of Senior Citizens.

Stipend of beneficiaries are given or distributed every 6 months through the Department of Social Welfare and Development Field Office 1 (DSWD).

| Office or Division: | Municipal Social Welfare & Development Offi ce | | |
|---------------------------------|--|-----------------|--|
| Classification: | Simple | | |
| Type of Transaction: | G2C | | |
| Who may avail: | Qualified Senior Citizens | | |
| CHECKLIST OF REQUIREMENTS | | WHERE TO SECURE | |
| Senior Citizen's ID (Photocopy) | | Senior Citizen | |
| Certificate of Indigency | | Barangay | |
| 1 x 1 ID Picture | | Senior Citizen | |

| | | 0010 | COMO CILIZON | | | |
|--------------------------------|--|--------------------|--|---|--|--|
| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCES SING TIME | PERSON RESPONSIBLE | | |
| 1.Apply to OSCA or MSWDO | 1.1 Intake interview using the application form 1.2 If Senior Citizen is qualified get the complete required documents, the SC will be included in the waiting list. | None | 10 minutes | OSCA/ MSWDO & Staff Municipal Social Welfare & Development Office | | |
| 2.Follow-up | 2.1 Prepare Endorsement or Replacement Form for Mayor's recommending approval 2.2 Submit the approved replacement form to DSWD FO 1 | None | 15 minutes 3 hours | MSWDO Municipal Social Welfare & Development Office | | |
| | 2.3 Validate the proposed beneficiary using the Social Pension Beneficiary Update Form 2.4 Submit to Central Office for approval | | Depends on DSWD Citizens Charter | Socpen Focal Person DSWD FO 1 | | |
| 3.Receive Notice | Inform the SC for the approval of its socpen application | None | 5 minutes | MSWDO Municipal Social Welfare & Development Office | | |



| 4.Beneficiary | Receive stipend on | | 3 minutes | Socpen Focal |
|---------------|--------------------|------|------------|-----------------|
| of Social | semestral pay-out | | | Person |
| Pension | 1 7 | | | DSWD FO 1 |
| | | | | & |
| | | | | Municipal |
| | | | | Treasurer |
| | | | | Treasury Office |
| | TOTAL | None | 3 Hours ar | nd 33 minutes* |

^{*}Excluding DSWD FO1 Processing Time



Family Guidance and Counselling

The process of meeting all the members of the family to provide emotional support to the family members in crisis, strengthening family alliances, reviewing and strengthening family boundaries among family relationships to prevent further recurrence of the crisis and improving communication patterns which will help hasten recovery and healing of the affected member of the family.

| Office or Divi | cion: | Municipal Soci | al Malfara & F |)ovolonment (| Office |
|--|-----------|-----------------|---------------------------------|---------------------|-------------------------|
| The state of the s | | | al Welfare & Development Office | | |
| Classification | | Simple to Com | piex | | |
| Type of Trans | | G2C | | | |
| Who may ava | | Client/s who ar | e in need of c | ounselling | |
| CHECKLIST | OF REQ | UIREMENTS | V | HERE TO SE | ECURE |
| Referral | | | Concerned of | citizen | |
| CLIENT STEPS | AGEN | CY ACTIONS | FEES TO BE PAID | PROCESS ING TIME | PERSON RESPONSIBLE |
| 1.Physical | 1. Condi | uct client's | None | 30 Minutes | MSWDO |
| appearance | intake in | terview | | | MSWD Office |
| of client | 2. Condi | uct home visit | None | 1 Day | |
| | 3. Condi | uct Family | | 1 Hour | MSWDO |
| | Dialogue | • | | | Client & Family |
| | 3.1Deve | | | | MSWD Office |
| | relations | . • | | | |
| | 3.2Inforr | | | | |
| | Assessn | nent | | | |
| | 3.3Estab | olishing | | | |
| | | Agreed Upon | | | |
| | | Objectives | | | |
| | | nentation Plan | None | (Based on | MSWDO |
| | | nation of case | | decision | MSWD Office |
| | | | | agreed | |
| | | | | upon) | |
| TOTAL | | | NONE | 1 day, 1 | hour, and 30 ninutes |



Handling Cases of Violence against Women and Their Children (VAWC)

This program aims to help women and children who are victims of physical, sexual, psychological violence, and economic abuse committed by spouse, partner or any person with whom she has or had a sexual or dating relationship or with whom she has a common child whether legitimate or illegitimate, within or without the family abode.

| Office or Divisi | on: | Municipal S | ocial Welfare | & Development C | Office | | |
|----------------------------------|--------------------------------|---|--------------------|-----------------------------|-------------------------------|--|--|
| Classification: | | Simple to Complex | | | | | |
| Type of Transa | ction: | G2C | | | | | |
| Who may avail: | | Victims of Violence Against Women and their Children (VAWC) | | | | | |
| CHECI REQUII | KLIST (REMEN | | | WHERE TO SEC | URE | | |
| Barangay/Police | Referra | al | Barangay ha | all/Suyo Municipal | Police Station | | |
| Endorsement Le | etter | | Municipal H | ealth Officer | | | |
| Health records/N | Medical | Certificate | MHO/Hospit | tal | | | |
| CLIENT STEPS | | GENCY CTIONS | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE | | |
| 1. Physical appearance of victim | 1.1 Co client's intervie | s intake | None | 30 Minutes | MSWDO MSWD Office | | |
| | | t schedule inselling for arties | | 1 Hour | MSWDO/ WCPD MSWD Office | | |
| 2. Client file a case | · | | | 10 Minutes | MSWDO MSWD Office | | |
| | 2.2 Pro | ovide after ervices & | | Within the duration of case | | | |
| | ı | TOTAL | NONE | 1 hour and | 40 minutes | | |



Handling Children in Conflict With the Law (CICL) & Children at Risk (CAR)

The process of helping children under the age of eighteen (18) years who were alleged as, accused of, or adjudged as, having committed an offense. The Republic Act 9344 as amended by Republic Act 10630 cited the Juvenile Justice and Welfare System. This refers to a system of dealing with Children-at-Risk and Children in Conflict with the law which provides child appropriate proceedings including programs and services for prevention, diversion, rehabilitation, reintegration and after-care to ensure the child's normal growth and development.

| Office or Div | ision: | Municipal Social Welfare & Development Office | | | | |
|--|---|---|---|--|---|--|
| Classification | n: | Simple to Complex / Highly Technical | | | | |
| Type of Tran | saction: | G2C | | | | |
| Who may avail: Who may avail: Minor/s (1 accused offense un Council fo Women 8 | | | of, or a nder Philip or the Pi & Childre | old and below) welling of and below) welling of an animal of the content of the c | ng committed and by the Barangay en (BCPC), from sk (Barangay & | |
| | OF REQUIR | EMENTS | | WHERE TO SE | | |
| Barangay/Pol | | | | y hall/Suyo Munici _l | oal Police Station | |
| | certificate & ba | aptismal | | PSA / Minor | | |
| School record | | | School a | | | |
| Health record | s/Medical Cer | tificate | MHO/Ho | | | |
| CLIENT STEPS | AGENCY | ACTIONS | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE | |
| For Children a | at Risk (CAR): | | | | | |
| Report minor violating local | 1.1 Barangay custody of m police takes over child to | / take inor (If custody turr | None | 10 Minutes | Law Enforcement Officer (Brgy) | |
| ordinance/ light offenses | 1.2 Register Child at Risk CAR Logboo | child as (CAR) in | None | 5 Minutes | | |
| (Children at Risk-CAR) | 1.3 Intake of (Interview) | child | None | 15 Minutes | Law Enforcement Officer (Brgy) | |
| | 1.4 Notify pa guardian | | None | 5 Minutes | | |
| | 1.5 Turn-over physical custody of child to parents/guardians | | None | 15 Minutes | | |
| 2. If Child is "high risk" | 2.1 Conduct Assessment | Intake and | None | 1 Hour | MSWDO MSWD Office | |
| LEO of barangay | 2.2 Conduct Conferencing | | | 1 Hour | Child Parents/ BCPC/Other | |



| will refer handling of | Intervention Program 2.3 Implement | None | 6 Months | stakeholders/ MSWDO |
|---------------------------|--|------|----------------|------------------------------|
| case to MSWDO | Community-Based Intervention Program | | | MSWD Office |
| | 2.4 Evaluation and Termination of the | None | | |
| | Community-Based Intervention Program | | | |
| For Children I | n Conflict with the Law (CIC | CL): | | |
| 1. Referral | 1.1 Conduct Initial | None | | LEO (Municipal) |
| of CICL | Interview | | | MSWDO |
| | (Record data on CICL- | | | MSWD Office |
| | Mandatory Registry) | | | |
| | 1.2 Initially determine | None | | |
| | a. Offense | | | |
| | b.Imposable penalty for | | | |
| | offense committed | | 8 Hours | |
| | 1.3 Determine age at | None | | MSWD0 |
| | time of commission of | | | Parents/BCPC- Release on |
| | offense | | | Recognizance |
| | (If Child is 15 yrs and 1 | | | MSWD Office |
| | day old or above, turn | | | |
| | over physical custody to MSWDO) | | | |
| | 1.4 Apply Release on Recognizance | None | 1 Day | |
| 2. Prepare | * 2.1 If child acted | None | 7 Working Days | MSWDO |
| Report | without discernment: | | | MSWD Office |
| containing | Release child to parents | NI | 0.11. | Obilal Dananta/ |
| assessment | 2.2 Conduct Intervention | None | 2 Hours | Child Parents/ BCPC/Other |
| on discernment | Conferencing and design Intervention Program | | | stakeholders |
| discerninent | Intervention Program | | | MSWD Office |
| | 2. 3 Implement | None | 6 Months | MSWDO |
| | Community-Based | | | MSWD Office |
| | Intervention Program | | | |
| | 2.5 Case Conference, | | 6 Months | MSWDO |
| | Evaluation and | | | MSWD Office |
| | Termination of | | | |
| | Community-Based | | | |
| | Intervention Program | | | |
| | * 2.6 If child acted with discernment: | None | 7 Working Days | MSWDO MSWD Office |
| | 2.7 Prepare report with | | | |
| | appropriate referral for | | | |
| | diversion | | | |
| | 2.8 If offense with | None | 30 Days | MSWDO/WCPD |
| | imposable penalty not | | | BCPC/Other |
| | more than 6 years, If | | | stakeholders |



| Victimless offense with imposable penalty not morethan 6 years (Diversion: Barangay/Police/ MSWDOLevel) 2.9 Convene Diversion Committee & Conduct Diversion Proceedings, prepare Diversion Contract 2.10 Implementation of Diversion Program 2.11 Case Conference & | | 2 Years 1 Day | MSWD Office |
|---|------|--|--|
| Terminal Report on Diversion Program 2.12 After care services | None | (If pooded) | |
| 2.12 After care services 2.13 If offense with imposable penalty exceeding 6 years or if Diversion Program is not appropriate (Refer to Prosecutor) 2.14 Submit all pertinent reports and other supporting documents | None | (If needed) 7 Days | MSWDO MSWD Office |
| 2.15 Monitoring | None | Until case is terminated | |
| TOTAL | None | 50 minutes For CICL acterology, 10 hours For CICL acterology For CICL acterology diversion MSV months, 8 day | =6 months, 8 s ed with undergoing VDO level =6 |



Issuance of Certificate of Indigency

Issuance of Certificate of Indigency is given to indigent residents certified by the Barangay Captain to serve as basis in the assessment in availing programs and services that are available in other institutions providing thereof.

| Office or Divis | ion: | Municipal Social Welfare & Development Office | | | | |
|-----------------------------|---------------------|---|-----|-----------|-----------------|------------------|
| | | | | | | |
| Classification: | | Simple | | | | |
| Type of Transa | | G2C – Government to Citizens | | | | |
| Who may avail | | Indigent I | | lent/s | | |
| CHECKLIST | OF REQ | UIREMEN [*] | TS | | WHERE TO SE | CURE |
| Certificate of In | digency | | | Barangay | Hall | |
| Pantawid ID (if | beneficia | ıry) | | Client | | |
| Official Receipt | of Secre | of Secretary's Fee | | Municipal | Treasury Office | |
| CLIENT | AGI | ENCY | FEE | S TO BE | PROCESSING | PERSON |
| STEPS | ACT | TONS | | PAID | TIME | RESPONSIBLE |
| 1.Present the | 1.1 Ass | ess the | Sec | retary's | 5 Minutes | MSWDO/ Staff |
| needed | docume | ents | Fee | _ | | Municipal Social |
| requirements | present | ed | PHF | P 115.00 | | Welfare & |
| | 1.2 Pre | pare the | Non | е | 5 Minutes | Development |
| | Certifica | • | | | | Office |
| | 1 . 10 | | | | | |
| | inaigen | СУ | | | | |
| 2.Receive | Indigen Issue th | | | | | |
| 2.Receive Certificate of | | ne | | | | |
| | Issue th | ne ate of | | | | |



Issuance of Person's With Disability (PWD) Identification Card (ID)

Social Pension is additional government assistance pursuant to Section 1, Article 20 of the Implementing Rules and Regulation of Republic Act No. 9994. Qualified Senior Citizen/s shall be entitled to a monthly stipend amounting to Five Hundred Pesos only (Php 500.00) to augment the daily subsistence and other medical needs of Senior Citizens.

Stipend of beneficiaries are given or distributed every 6 months through the Department of Social Welfare and Development Field Office 1 (DSWD).

| Office or Division: | | Municipal Socia | l Welfare & Deve | lopment Offi ce | |
|---|---|--------------------|--------------------|---|--|
| Classification: | | Simple | | | |
| Type of Transaction | | G2C | | | |
| Who may avail: | | PWDs | | | |
| CHECKLIS' | T OF REQUIRE | EMENTS | WHERE | TO SECURE | |
| Medical Certificate i | ndicating Disab | ility Assessmen | t MHO/ Medica | Doctor | |
| Duly accomplished | PWD Form | | PWD / Client | | |
| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE | |
| 1.Appearance of client, if bedridden, present the Medical Certificate issued by a medical doctor indicating client's disability | Review all documents presented | None | 3 Minutes | MSWDO & Staff Municipal Social Welfare & Development Office | |
| 2.Picture Taking | 2.1 Take client's picture 2.2 Process the Identification Card | None | 10 Minutes | | |
| 3.Receive the laminated ID | 3.1 Assign & record the PWD ID Number to the Registration Logbook 3.2 Release the ID to the PWD | | 5 Minutes | | |
| | TOTAL | None | 18 m | inutes | |



Issuance of Senior Citizen's Identification Card

The provision of Identification Card (ID) issued by the Head of the Office of Senior Citizens Affairs (OSCA) for the availment of benefits and privileges as mandated under the Article 6, Rule IV of the Implementing Rules and Regulation of RA No. 9994.

| Office or Divisi | Municipal Social Welfare & Development Office | | | | nt Office | | |
|-----------------------------|---|--------------|--------|--------|------------|-----------------------------|--|
| Classification: | | Simple | | | · | | |
| Type of Transa | ction: | G2C | | | | | |
| Who may avail | • | Senior Citi | zens | | | | |
| CHECKLIS | T OF REC | UIREMENT | ΓS | | WHERE TO | SECURE | |
| Certificate of Re | sidency | | | Baran | gay hall | | |
| Birth Certificate | (Photocop | y) | | Client | | | |
| CLIENT | AGI | ENCY | | S TO | PROCESS | PERSON | |
| STEPS | | TONS | BE F | PAID | ING TIME | RESPONSIBLE | |
| 1. Accomplish | Client's in | | Regist | | 5 Minutes | MSWDO/Social | |
| the | interview | | Fee – | 25.00 | | Welfare Aide/ | |
| Registration | assessm | | | | | Admin. Aide MSWDO Office | |
| Form | documer | | | | | WISVVDO OTTICE | |
| 0.00 | submitted | | | | 10.14 | | |
| 2. Picture | 2.1 Take | client's | No | ne | 10 Minutes | | |
| Taking | picture | | | | | | |
| | 2.2 Proce | | | | | | |
| O. Danairo de a | | tion Card | NI- | | E Minutes | | |
| 3. Receive the laminated ID | 3.1 Assig | | INC | ne | 5 Minutes | | |
| laminated ID | ID Numb | | | | | | |
| | Registrat | | | | | | |
| | Logbook | 1011 | | | | | |
| | | ase the ID | | | | | |
| | to the Se | | | | | | |
| | Citizen | | | | | | |
| | J011 | TOTAL | Regist | ration | 20 | minutes | |
| | | - | _ | 25.00 | | | |



Provision of Assistive Devices

The provision of Assistive Devices are designed, made, or adapted to assist PWDs to perform a particular task, to enable them to carry out daily activities and participate actively and productively in the community. The assistive devices can be acquired through referral or request from National Agencies or Non-Government Organizations (NGOs), and from the fund allocated for PWD Welfare Program prioritizing indigent clients.

| Office or Division | on: | Municipal Office | Social Welfare | & Development |
|--------------------|-------------------|---------------------|---------------------|-------------------------------|
| Classification: | | Simple | | |
| Type of Transa | ction: | G2C – Go | vernment to Citizen | S |
| Who may avail: | | Indigent P | WDs | |
| CHECKLIST C | F REQUIREMENTS | | WHERE TO SEC | URE |
| PWD Identifica | tion Card | Client | | |
| Medical Abstra | | Ollerit | | |
| Certificate of In | | Barangay | | |
| CLIENT | AGENCY | FEES TO | PROCESSING | PERSON |
| STEPS | ACTIONS | BE PAID | TIME | RESPONSIBLE |
| 1.Client's | 1.1 Review the | None | 5 Minutes | MSWDO/ Staff/ |
| appearance | documents | | | PDAO |
| submitting | submitted | | | Municipal Social Welfare & |
| complete | 1.2 Assess the | | | Development |
| requirements | needs of client | | | Office |
| 2.Wait for the | 2.1 Prepare | | 15 Minutes | Omoo |
| notification | Purchase | | | |
| | Request | | | |
| | 2.2 Forward | | | |
| | signed PR to Bids | | | |
| | & Awards | | | |
| | Committee (BAC) | | | |
| | for the | | | |
| | procurement | | | |
| | process | | | |
| 3.Receive the | Forward | | 3 Minutes | |
| assistive | Acknowledgment | | | |
| device | Receipt to GSO | | | |
| | TOTAL | NONE | 18 mir | nutes |



Provision of Cash Incentive & Plaque of Recognition to Centenarian

The granting of Centenarian Cash Incentive amounting to Twenty Thousand Pesos Only (Php 20,000.00) and Plaque of Recognition during 100th birthday pursuant to Municipal Ordinance No. 12, series of 2017.

| Office or Division: Municipa | | | cipal Social Welfare & Development Office | | | | |
|-------------------------------|--|-------------------------------------|---|---------------|---|--|--|
| Classification: | | Simple | | | | | |
| Type of Tra | ansaction: | G2C | | | | | |
| Who may a | | Centenarian | | | | | |
| CH | HECKLIST OF | REQUIREMEN | ITS | WHER | E TO SECURE | | |
| | cate (Photocop | | | LCRO/PS/ | Д | | |
| • | | ny document that outation of age | at will serve | Client | | | |
| | re of Centenar | | | Client | | | |
| CLIENT | | | FEES TO | PROCES | PERSON | | |
| STEPS | AGENCY | ACTIONS | BE PAID | SING TIME | RESPONSIBLE | | |
| 1. Submit document s required | submitted | all documents | None | 5 Minutes | MSWDO/Social Welfare Aide/ Admin. Aide MSWDO Office | | |
| | 1.2 Review a the veracity of documents for endorsement | of all the or | None | 5 Minutes | Municipal Incentive Committee | | |
| | 1.3 Prepare t Certification of Municipal Inc Committee | of the | None | 30 Minutes | | | |
| 2. Wait for the Notice | 2.1 Documer to Budget Off issuance of | ice for | None | 5 Minutes | MSWDO/Social Welfare Aide/ Admin. Aide MSWDO Office | | |
| | 2.2 Documents forwarded to Office of the Municipal Accountant for documents' review & processing of disbursement voucher for burial assistance | | None | 20 Minutes | Mun. Accountant/ Admin. Officer IV/ Admin. Assisstant III Accounting Office | | |
| | 2.3 Documents forwarded to OM for approval of Cash Incentive | | None | 15 Minutes | Administrative Aide Mayor's Office | | |
| | 2.4 Documer to Office of T processing of | reasury for f check | None | 5 Minutes | Revenue Collection Clerk Treasury Office | | |
| | 2.5 Document to Office of the Accountant for | | None | 12 Minutes | Mun. Accountant/ Admin. Officer IV/ Admin. Assisstant | | |



| TOTAL | | NONE | 1 hour & 39 minutes | |
|------------|-------------------------|------|---------------------|-------------------|
| an | | | | MSWD Office |
| | | | | Treasury Office/ |
| Centenari | | | | Mayor's Office/ |
| to the | | | | Aide I |
| Incentive | | | | Social Welfare |
| and Cash | Centenarian | | | Collection Clerk |
| the Plaque | Incentive) to the | | | Revenue |
| 3. Award | Release of check (Cash | None | 2 Minutes | Admin. Aide/ |
| | Check Issued | | | Accounting Office |
| | Accountant's Advice for | | | 111 |



Provision of Purchase Booklets for Medicines and Basic Commodities to PWDs

The provision of Purchase Booklets for Basic necessities and prime commodities and for medicines are issued to Persons with Disability (PWDs) upon registration to avail the Grant of Special Discount pursuant to Rule IV, Privileges and Incentives for the Persons with Disability of RA No. 9442 or the Magna Carta for Persons with Disability.

| Office or Divis | ion: | Munici | ipal Sc | ocial V | Welfare & Developm | nent Office |
|--|---|--------|---------|---------|--------------------|--|
| Classification: | | Simple | Э | | | |
| Type of Transa | action: | G2C | | | | |
| Who may avail | | | | | | |
| CHECKLIST | OF REQUIRE | MENTS | S | | WHERE TO SI | ECURE |
| PWD Identificat | ion Card | | | Clien | + | |
| 1 Picture (2x2) | | | | Cileii | ι | |
| CLIENT | AGENCY | F | FEES | ТО | PROCESSING | PERSON |
| STEPS | ACTIONS | | BE PA | AID. | TIME | RESPONSIBLE |
| 1.Present the | Assign the | | None | | 5 minutes | MSWDO/ Staff/ |
| PWD | Control numb | er | | | | PDAO |
| | | _ | | | | _ |
| Identification | and Fill-up the |) | | | | Municipal Social |
| Card and give | needed . | | | | | Municipal Social Welfare & |
| Card and give a 2x2 copy (1) | needed information in | the | | | | Municipal Social Welfare & Development |
| Card and give a 2x2 copy (1) of picture | needed information in PWD Booklet | the | | | | Municipal Social Welfare & |
| Card and give a 2x2 copy (1) of picture 2.Receive the | needed information in PWD Booklet Record the | the | | | 5 minutes | Municipal Social Welfare & Development |
| Card and give a 2x2 copy (1) of picture 2.Receive the Purchase | needed information in PWD Booklet Record the information at | the | | | 5 minutes | Municipal Social Welfare & Development |
| Card and give a 2x2 copy (1) of picture 2.Receive the | needed information in PWD Booklet Record the | the | | | 5 minutes | Municipal Social Welfare & Development |

NONE

10 minutes

Logbook

TOTAL



Provision of Purchase Booklets for Medicines and Basic Commodities to Senior Citizens

The provision of Purchase Booklets for Basic necessities and prime commodities and for medicines are issued to Senior Citizens upon registration to avail the Grant of Special Discount pursuant to Rule IV, Privileges for the Senior Citizens of RA No. 9994 or the Expanded Senior Citizens' Act of 2010.

| Office or Divis | ion: | Municipal Social Welfare & Development Office | | | | | |
|---|--|---|---------------|-----------|--------------------|--|--|
| Classification: | | Simp | le | | | | |
| Type of Transa | | G2C | | | | | |
| Who may avail | | Senior Citizens | | | | | |
| CHECKLIST | Γ OF REQUIF | REMENTS | | | WHERE TO S | SECURE | |
| Senior Citizen I | dentification (| Card | | Clie | nt | | |
| 1 Picture (2x2) | | | | Clie | nt | | |
| CLIENT STEPS | AGENC ACTION | | FEES BE PA | | PROCESSING TIME | PERSON RESPONSIBLE | |
| 1. Present the Senior Citizen Identification Card and give a 2x2 copy (1) of picture | Assign the Control num and Fill-up the needed information in Senior Citize Booklet | ber he in the | Non | | 5 Minutes | MSWDO/Social Welfare Aide/ Admin. Aide MSWDO Office | |
| 2. Receive the Purchase Booklet | Record the Non information at the Purchase Booklet's Logbook | | е | 5 Minutes | | | |
| | TO | DTAL | NON | IE | 10 mi | nutes | |



Provision of Relief Goods

Provision of relief goods is the immediate help extended to families, in the form of food packs, who are victims of man-made disaster and natural calamities.

| Office or Division | n: | Munici | pal Social We | lfare & Developm | ent Office | | |
|--------------------|-------------|----------|--|------------------|-----------------------|--|--|
| Classification: | | Simple | ; | | | | |
| Type of Transact | tion: | G2C | | | | | |
| Who may avail: | | All wou | All would be couples applying for marriage license | | | | |
| CHECKI | LIST OF | | 1 | WHERE TO SEC | URE | | |
| REQUIRI | EMENTS | | | | | | |
| Report | | | Barangay Hall/LGU/Concerned Citizen/Client | | | | |
| CLIENT STEPS | AGENCY | | FEES TO | PROCESSING | PERSON | | |
| CLILINI STLFS | ACTIO | DNS | BE PAID | TIME | RESPONSIBLE | | |
| 1.Personal | Intake inte | erview | None | 5 Minutes | MSWDO/ Staff | | |
| appearance of | and asses | sment | | | Municipal Social | | |
| client | | | | | Welfare & | | |
| 2.Accomplish | Review D | AFAC | | 5 Minutes | Development Office | | |
| DAFAC | | | | | Office | | |
| 3.Receive Food | Provide fo | od | | | | | |
| pack/s | pack to the | e client | | | | | |
| | | TOTAL | NONE | 10 m | inutes | | |



Provision of Solo Parent Identification Card

The provision of Solo Parent Identification Card is issued to qualified single parent/s to avail benefits and privileges provided by the Republic Act 8972 otherwise known as Solo Parent Welfare Act of 2000.

| Office or Division: | Municip | oal Social We | Ifare & | Developmen | t Office | |
|--|------------|---|----------|----------------|--------------------|--|
| Classification: | Simple | | | | | |
| Type of Transaction: | G2C - | Government | to Citiz | zens | | |
| Who may avail: | A wom | an who gives | birth | as a result o | f rape and other | |
| | | against chast | | | | |
| | | | | | ouse, spouse is | |
| | | | | | ction, physical or | |
| | | | • | • | ration for atleast | |
| | - | 1 year, & declaration of nullity or annulment of marriage | | | | |
| | | reed by a cou | | 1 . 1 | 1 (. 1 1 | |
| | | | atner v | vno nas prete | rred to keep and | |
| | | er/his child | nrovii | doe perental (| care & support to | |
| | a child | on who solely | provid | ues paremai d | care & support to | |
| | | mily member | who | assumes the | responsibility of | |
| | | | | | h, abandonment, | |
| | | • | | | of the parents or | |
| | solo pa | • | 3 | | | |
| CHECKLIST OF | REQUIR | EMENTS | | WHERE | TO SECURE | |
| Physical appearance of So | | | | Client | | |
| Barangay certification certi residency in the barangay | | | | Barangay Ha | all | |
| Certificates: | | | | | | |
| Photocopy of Birth Certifica | ate of ch | ildren (18 yea | rs | PSA/LCRO | | |
| old-below) | | | | 1 SA/LCINO | | |
| Photocopy of Death Certific | cate (if h | usband is | | Client/LCRO | • | |
| deceased) | | | | BJMP | | |
| Detention Certificate (if hus | | , | | Medical | | |
| Medical Certificate of Spou | ise (it bh | vsically or | | | | |
| mentally incapacitated) | (| ., 5 | | Practitioner/l | Physician | |

| 7 | | | | |
|-----------------------------|---|--------------------|--------------------|---|
| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
| 1.Submit required documents | Intake interview and assessment of documents submitted | None | 3 Minutes | MSWDO/ Staff Municipal Social Welfare & Development |
| 2.Picture Taking | 2.1 Take client's picture 2.2 Process the Identification Card | None | 10 Minutes | Office |
| 3.Receive the | 3.1 Assign & | None | 5 Minutes | |



| laminated ID | record the PWD | | | |
|--------------|------------------|------|--------|-------|
| | ID Number to the | | | |
| | Registration | | | |
| | Logbook | | | |
| | 3.2 Release or | | | |
| | issue the | | | |
| | Identification | | | |
| | Card to the Solo | | | |
| | Parent | | | |
| | TOTAL | NONE | 18 mir | nutes |



Referral

Referral is linking the client to other social welfare agencies and institutions where they can possibly get the help/services that they need.

| Office or Divis | ion: | Municip | oal Social We | lfar | are & Development Office | | |
|--------------------|---------------|-----------|---------------|-----------------|--------------------------|-------------------------------|--|
| Classification: | | Simple | | | | | |
| Type of Transa | action: | G2C - | Government | to C | Citizens | | |
| Who may avail | | | | efe | rral to avail servi | ice/s | |
| CHECK | LIST OF R | EQUIRE | MENTS | WHERE TO SECURE | | | |
| Certificate of In- | digency | | | | Barangay Hall | | |
| SCSR | | | | | MSWDO | | |
| Other documen | its needed b | ased on | the | | Client | | |
| assessment | | | _ | | | _ | |
| CLIENT | AGEN | - | FEES TO | F | PROCESSING | PERSON | |
| STEPS | ACTIC | <u>NS</u> | BE PAID | | TIME | RESPONSIBLE | |
| 1.Submit | 1.1 Intake | _ | None | | 5 minutes | MSWDO/ Staff | |
| documents | interview a | | | | | Municipal Social Welfare & | |
| needed | assessme | | | | | Development | |
| | 1.2 Prepai | | | | 5 minutes | Office | |
| | referral let | | | | | | |
| | 1.3 Forwa | | | | 15 minutes | | |
| | Office of the | ne | | | | | |
| | Mayor for | 1 | | | | | |
| | Endorsem | ent | | | | | |
| O.D. and in a | Letter | | | | | MOMBO | |
| 2.Receive | 2.Release | | | | | MSWDO & | |
| referral with | referral wit | in | | | | Staff | |
| complete | complete | t to the | | | | | |
| attachment | attachmen | it to the | | | | | |
| | client | TOTAL | NONE | | 25 mi | | |
| | | IUIAL | NONE | | 25 miı | เนเษร | |



Securing Social Case Study Report (SCSR)

Social Case Study Report is issued to residents who wants to avail assistance to other agencies such as medical, financial, burial and educational as part of the Expanded Assistance to Individuals/Families in Crisis situation program and services of this municipality.

| Office or Divis | ion: | Municipal | Municipal Social Welfare & Development Office | | | | |
|-----------------------------------|--|--------------------------|---|-------------------|-----------------------|---|--|
| Classification: | | Highly Tec | hnical | | • | | |
| Type of Transa | action: | G2C | | | | | |
| Who may avail | : | All clients institutions | | assistance from c | other agency or | | |
| CHECKLIST | OF RE | QUIREMEN | NTS | | WHERE TO S | ECURE | |
| Certificate of Inc | digency | | | Bara | angay Hall | | |
| Medical Certific | ate | | | Hos | pital where the clien | t was confined or | |
| Billing Certificat | | | | trea | ted | | |
| Funeral Contract | | | | | eral Service Provide | | |
| CLIENT | _ | ENCY | FEES | | PROCESSING | PERSON | |
| STEPS | AC | TIONS | BE P | AID | TIME | RESPONSIBLE | |
| 1.Present the needed requirements | 1.1 Ass docum presen | | None | | 30 Minutes | MSWDO/ Staff Municipal Social Welfare & | |
| · | 1.2 Co intervie | nduct | | | | Development Office | |
| | 1.3 Ho and ga collate informa needed | ral ation if | | | 3 Hours | | |
| 2.Receive the SCSR | 2.1 Pre | | | | 2 Hours | MSWDO Municipal Social | |
| | 2.2 Iss SCSR | ue the | | | | Welfare & Development Office | |
| | | TOTAL | NON | IE _ | 5 hours and | 30 minutes | |



Skills Training/ Capacity Building Program

Conduct of Skills Training or Capacity Building is based on the needs of clientele group. The provision of training to the beneficiaries will serve as opportunity for them to grow their knowledge and existing job skills. It is aim to increase employment opportunities and livelihood activities which will eventually uplift their living condition.

| Type of Transaction: Type of Transaction: G2C Who may avail: All would be couples applying for marriage license CHECKLIST OF REQUIREMENTS Accomplish application form Provide other necessary documents /requirements requested by training provider (if any) CLIENT STEPS ACTIONS ACTIONS TO BE PAID 1.Submit all requirements requirements Assess submitted requirements Client PROCESSING TIME RESPONSIBLE PAID 1.Submit all requirements Assess submitted requirements Client FES TO BE PAID Client FES TO BE FES TO BE PAID Client FES TO BE FES TO BE COMMANDO Staff Municipal Social Welfare & Development Office Command Client FES TO BE FES TO BE FES TO BE FOR TIME MSWDO/ Staff Municipal Social Welfare & Development Office Skills Training Provider The program ASWDO/ Staff & Service Provider Municipal Social MSWDO/ Staff & Service Provider Municipal Social | Office or Divis | ion: | Municipal S | Municipal Social Welfare & Development Office | | | | |
|--|-----------------|----------|--------------|---|------------|----------|-----------------|--|
| Mho may avail: | Classification: | | Simple - Co | mplex | | - | | |
| CHECKLIST OF REQUIREMENTS Accomplish application form Provide other necessary documents /requirements requested by training provider (if any) CLIENT AGENCY ACTIONS 1. Submit all requirements 1. Submit all requirements Assess submitted requirements Assess submitted requirements Assess submitted requirements Client PROCESSING PERSON RESPONSIBLE None 5 Minutes MSWDO/ Staff Municipal Social Welfare & Development Office (span of period varies depending on the kind of skills training) 3. Participate graduation 3.1 Conduct graduation Client PROCESSING PERSON RESPONSIBLE PAID ASSESSING TIME SEPONSIBLE MSWDO/ Staff Municipal Social Welfare & Development Office 2 Hours MSWDO/ Staff & Service Provider | Type of Transa | action: | G2C | | | | | |
| Accomplish application form Provide other necessary documents /requirements requested by training provider (if any) CLIENT AGENCY ACTIONS 1. Submit all requirements 1. Submit all requirements Client FEES TO BE PAID 1. Submit all requirements Assess submitted requirements Daily monitoring of religiously the training period varies depending on the kind of skills training) 3. Participate graduation Client Client Client PROCESSING TIME None SMINUTES MSWDO/ Staff Municipal Social Welfare & Development Office (span of period varies depending on the kind of skills training) 2 Hours MSWDO/ Staff & Service Provider | Who may avail | l: | All would be | e couples a | pplying fo | | | |
| Provide other necessary documents /requirements requested by training provider (if any) CLIENT AGENCY ACTIONS TO BE PAID 1.Submit all requirements Assess submitted requirements Daily monitoring of religiously the training period training period 3.Participate graduation Client Client Client Client Client PROCESSING TIME PROCESSING TIME Shinutes PROCESSING TIME Shinutes MSWDO/ Staff Municipal Social Welfare & Development Office (span of period varies depending on the kind of skills training) 2 Hours MSWDO/ Staff & Service Provider | CHE | CKLIST | OF REQUIRE | EMENTS | | WHER | E TO SECURE | |
| requested by training provider (if any)CLIENT STEPSAGENCY ACTIONSFEES TO BE PAIDPROCESSING TIMEPERSON RESPONSIBLE1.Submit all requirementsAssess submitted requirementsNone5 MinutesMSWDO/ Staff Municipal Social Welfare & Development Office2.Attend religiously the training periodDaily monitoring of attendance and output(span of period varies depending on the kind of skills training)Skills Training provider3.Participate graduation3.1 Conduct graduation2 HoursMSWDO/ Staff & Service Provider | | | | | | | | |
| CLIENT STEPSAGENCY ACTIONSFEES TO BE PAIDPROCESSING TIMEPERSON RESPONSIBLE1.Submit all requirementsAssess submitted requirementsNone5 MinutesMSWDO/ Staff Municipal Social Welfare & Development Office2.Attend religiously the training periodDaily monitoring of attendance and output(span of period varies depending on the kind of skills training)Skills Training provider3.Participate graduation3.1 Conduct graduation2 HoursMSWDO/ Staff & Service Provider | | • | | • | nts | Client | | |
| STEPSACTIONSTO BE PAIDTIMERESPONSIBLE1.Submit all requirementsAssess submitted requirementsNone5 MinutesMSWDO/ Staff Municipal Social Welfare & Development Office2.Attend religiously the training periodDaily monitoring of attendance and output(span of period varies depending on the kind of skills training)Skills Training provider3.Participate graduation3.1 Conduct graduation2 HoursMSWDO/ Staff & Service Provider | | | | | _ | | _ | |
| 1.Submit all requirements Assess submitted requirements Daily monitoring of religiously the training period output Daily monitoring of attendance and output Daily monitoring of attendance and output Skills Training period output Daily monitoring of attendance and output Assess submitted requirements Skills Training period on the kind of skills training) Assess submitted requirements Skills Training provider Assess submitted requirements | _ | | | _ | | | | |
| 1.Submit all requirements Assess submitted requirements None 5 Minutes MSWDO/ Staff Municipal Social Welfare & Development Office 2.Attend religiously the training period training period output 3.Participate graduation 3.1 Conduct graduation Assess submitted requirements None 5 Minutes MSWDO/ Staff Municipal Social Welfare & Development Office (span of period varies depending on the kind of skills training) 2 Hours MSWDO/ Staff & Service Provider | STEPS | AC | TIONS | | TI | ME | RESPONSIBLE | |
| requirements requirements requirements requirements requirements requirements requirements requirements requirements Municipal Social Welfare & Development Office (span of period varies depending on the kind of skills training) 3.Participate graduation 3.1 Conduct graduation Requirements Municipal Social Welfare & Development Office (span of period varies depending on the kind of skills training) 2 Hours Municipal Social Welfare & Development Office 2 Skills Training provider | 4.0.1.11 | • | 1 24 | | = 14: | | 14014/D0/0/ ff | |
| 2.Attend religiously the training period output 3.Participate graduation Welfare & Development Office (span of period varies depending on the kind of skills training) 2 Hours Welfare & Development Office (span of period varies depending on the kind of skills training) 2 Hours MSWDO/ Staff & Service Provider | | | | None | 5 Minute | es | | |
| 2.Attend religiously the training period output 2.Attend output (span of period varies depending on the kind of skills training) 3.Participate graduation Development Office (span of period varies depending on the kind of skills training) 2 Hours MSWDO/ Staff & Service Provider | requirements | requirer | nents | | | | | |
| 2.Attend period Daily monitoring of attendance and training period output Shills training provider on the kind of skills training of the kind of skills training output Shills trai | | | | | | | | |
| religiously the training period output output on the kind of skills training) 3.Participate graduation graduation output on the kind of skills training) Varies depending on the kind of skills training) 2 Hours MSWDO/ Staff & Service Provider | | | | | | | | |
| training period output on the kind of skills training) 3.Participate graduation on the kind of skills training) 2 Hours MSWDO/ Staff & Service Provider | 2.Attend | Daily m | onitoring of | | (span of | period | Skills Training | |
| Skills training) 3.Participate 3.1 Conduct graduation graduation Service Provider Service Provider | religiously the | attenda | nce and | | varies d | epending | provider | |
| 3.Participate 3.1 Conduct 2 Hours MSWDO/ Staff & Service Provider | training period | output | | | on the k | ind of | | |
| graduation graduation Service Provider | | | | | | | | |
| gradation | - | | | | 2 Hours | | | |
| program program miunicipai Social | • | • | | | | | | |
| program Waltana 9 | program | progran | | | | | | |
| 3.2 Issue Dayslanmant | | | | | | | | |
| Certificate of Office | | | | | | | | |
| Completion TOTAL NONE 2 hours and 5 minutes* | | Comple | | NONE | 0. | | | |

^{*}Exluding training period



OFFICE OF THE MUNICIPAL AGRICULTURIST

External Services



Assistance for individual Farmer in Registration for Registry System for Basic Sector in Agriculture (RSBSA)

The Registry System for Basic Sector in Agriculture RSBSA is the minimum requirement in availing agri-fishery related government services particularly programs and projects of DA, its bureaus attached agencies and corporations

| Office or Division: | | Office of the Municipal Agriculturist | | | | | | |
|----------------------|---------|---------------------------------------|--|------------|--------------------|--|--|--|
| Classification: | | Simple | | | | | | |
| Type of Transactio | n: | G2C | | | | | | |
| Who may avail: | | Registered of | stered organic practitioner or Association | | | | | |
| CHECKLIST OF R | EQUI | | <u> </u> | | | | | |
| 1. Must be 18 years | s old a | and above | -Client | | | | | |
| 2. One (1) 2x2 ID p | | | -Client | | | | | |
| 3. One (1) valid ID | | | -Client | | | | | |
| 4. Proof of land own | nershi | ip | -Client | | | | | |
| CLIENT STEPS | A | GENCY | FEES TO BE | PROCESS | PERSON | | | |
| CLIENT STEPS | A | CTIONS | PAID | ING TIME | RESPONSIBLE | | | |
| 1. Proceed to | Veri | fy | None | 5 minutes | Banner Program | | | |
| Municipal | | iirements | | | coordinator/ DA | | | |
| Agriculture Office | and | issue | | | Staff | | | |
| and present all the | RSE | _ | | | Agriculture Office | | | |
| documents | enro | lment form | | | | | | |
| required or needed | | | | | | | | |
| 2. Fill out and sign | 1 | √erify | None | 10 minutes | | | | |
| the RSBSA | | pleteness | | | | | | |
| enrolment form | and | veracity of | | | | | | |
| | ansv | | | | | | | |
| | | Enrol client | | | | | | |
| | | e RSBSA | | | | | | |
| | porta | | | | | | | |
| | | TOTAL | NONE | 40 | minutes | | | |



Distribution of Organic Fertilizers, Machineries from Organic Agriculture Program

The Office of the Municipal Agriculturist provides assistance to organic farmers/ farmer's organization within the municipality for the availment of fertilizers/ machineries from the Organic Agriculture Program of the Department of Agriculture Region I.

| Office or Division: | | Office of the | Municipal A | griculturist | | | |
|--|---|--|---|-----------------------|--|--|--|
| Classification: | | Simple | • | | | | |
| Type of Transactio | n: | G2C | | | | | |
| Who may avail: | | | red organic practitioner or Association | | | | |
| CHECKLIST OF R | EQU | IREMENTS | WHERE TO SECURE | | | | |
| 1. Certificate of Reg | istrati | on | Security and Exchange Commission (SEC)/ Department of Labor and Employment (DOLE)/Cooperative Development Authority (CDA) | | | | |
| 2. Certificate of Acci | | | | e Sangguniang B | | | |
| CLIENT STEPS | | AGENCY ACTIONS | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE | | |
| 1. Inquire about the availability of organic and farm machineries distribution | abo prog avai | rmation ut the gram lability to | None | 15 minutes | Banner Program coordinator/ DA Staff Agriculture Office | | |
| 2. Wait for further information or advice regarding the request | the client Provide schedule of distribution of the item if available and if needed | | None | 15 minutes | Banner Program coordinator/ DA Staff Agriculture Office | | |
| 3. Receive the item request | Distribute available item requested | | None | 10 minutes per client | Banner Program coordinator/ DA Staff Agriculture Office | | |
| | | TOTAL | NONE | 40 m | inutes | | |



Issuance of Farmer and Fisher Folks Certification

The Municipal Agriculture Office issued certification to clients like farmers, fisher folks, livestock and poultry raisers, homemaker, rural youth and the like as to what purpose it may serve.

| Office or Division: | Office of the Mu | ınicinal Agr | riculturiet | | | |
|--|-------------------|----------------------|--------------------|--|--|--|
| Classification: | Simple | arricipai 7 gi | Tourturist | | | |
| | • | • | | | | |
| Type of Transaction: | | | | | | |
| Who may avail: | | Farmers/Fisher Folks | | | | |
| CHECKLIST OF RE | QUIREMENTS | | WHERE TO S | ECURE | | |
| Must be a P4MF | , Fisher Folk and | d Municip | oal Agriculture Of | fice | | |
| RSBSA member | • | | - | | | |
| Official records | | | | | | |
| CLIENT STEPS | AGENCY | FEES TO BE | PROCESSING | PERSON | | |
| | ACTIONS | PAID | TIME | RESPONSIBLE | | |
| Inquire and submit official receipt for document certification | Verify documents | | TIME 10 minutes | PESPONSIBLE DA Staff Agriculture Office | | |
| Inquire and submit official receipt for | Verify | PAID | | DA Staff | | |



Livestock Inspection and Issuance of Animal Health Certificate

Animals for shipment undergoes ocular inspection and Animal Health Certificate will be issued indicating that the animals are apparently healthy and allowed to be transported.

| Office or Division: | Office of the I | Office of the Municipal Agriculturist / Livestock Division | | | |
|--|--|--|--------------------------|------------------------------|--|
| Classification: | Simple | | | | |
| Type of Transaction: | G2C | | | | |
| Who may avail: | Livestock Shi | pper | | | |
| CHECKLIST OF REQU | JIREMENTS | | WHERE TO SEC | CURE | |
| Certificate of Origin Official Receipt | | Barangay Office of th | ne Municipal Treas | surer | |
| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE | |
| Provide required documents | Verify documents; Inspection | None | Depends on required time | Livestock | |
| 2. Receive Certificate | Issuance of Animal Health Certificate | None | Depends on required time | Inspector Agriculture Office | |
| | TOTAL | None | Depends on red | quired time | |



Meat Inspection and Issuance of Meat Inspection Certificate (MIC)

Meat inspection serves as protection of consumers against hazards to health and safety of consumers. It involves examination of live animals prior to slaughter and inspection of meat upon slaughter. MIC will be issued upon withdrawal of meat from the abattoir as proof of inspection.

| Office or Division: | Office of the M | Municipal Agric | ulturist / Abattoir (| Hog Section) |
|---|--|-----------------------------|--|-----------------------------------|
| Classification: | Simple | | | |
| Type of Transaction: | G2C | | | |
| Who may avail: | Butchers/ Mea | at Vendors | | |
| CHECKLIST OF REQU | JIREMENTS | V | VHERE TO SECU | RE |
| 1. Certificate of Origin | | Barangay | | |
| Veterinary Health Ce Livestock Inspection | | Municipal Ori other municip | gin (For animals o palities) | riginating from |
| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIB LE |
| 1. Proceed to Municipal Abattoir with the animal to be slaughtered and provide required documents | Verify documents and inspection | None | 8 hours (depends on required time) | Meat Inspector Agriculture Office |
| 2. Withdraw Carcass and Receive MIC | Issuance of MIC | PHP115.00 | 30 minutes | |
| | TOTAL | PHP115.00 | 8 hours and | 30 minutes |



Provision of Farm Machineries/ Equipment/ Implements and Farm Inputs

Various agricultural supplies are given to marginal farmers/ group of farmers in order for them to continue their farm activities and give them the chance to have a source of income.

| Office or Division: | Office of the Mur | nicipa | I Agrici | ulturist | |
|---------------------------|---------------------|--------|----------|------------------|--------------------|
| Classification: | Simple | | | | |
| Type of Transaction: | G2C | | | | |
| Who may avail: | Registered and A | \ccre | dited fa | armers associa | ation, (P4MP, |
| | Tobacco Grower | s, Ric | ce/Corr | n/Vegetables (| Growers) |
| CHECKLIST OF | REQUIREMENTS | | | WHERE TO | SECURE |
| Certificate of Registrati | on (SEC, DOLE, CD | A) | Munic | cipal Agricultui | re Office |
| Certificate of Accredita | , | , | Office | of the Sangg | uniang Bayan |
| CLIENT STERS | AGENCY | FEE | S TO | PROCESS | PERSON |
| CLIENT STEPS | ACTIONS | BE | PAID | ING TIME | RESPONSIBLE |
| 1. BAExW or | Accept and verify | Non | е | 15 | Banner Program |
| association president | the request | | | minutes | coordinator/ DA |
| submit the list of | | | | | Staff |
| request | | | | | Agriculture Office |
| 2. Wait for the further | Explain further to | Non | е | 15 minutes | Banner Program |
| information or advice | the client about | | | | coordinator/ DA |
| regarding the request | the availability of | | | | Staff |
| | their request and | | | | Agriculture Office |
| | provide schedule | | | | |
| | of distribution if | | | | |
| | the item is | | | | |
| | available and if | | | | |
| | needed | | | | |
| 3. Receive the item | Distribute | Non | е | 10 minutes | Banner Program |
| request | available item | | | per client | coordinator/ DA |
| | requested | | | | Staff |
| | • | | | | Agriculture Office |
| | TOTAL | NO | ONE | 40 i | minutes |



Provision of Technical/ Extension Services (Consultation/ Dialogues/ Farmers Meeting)

The Local Government of Suyo through the Office of the Municipal Agriculturist aims to improve the living conditions of our farmers, fisher folks, livestock and poultry raisers, homemakers and out—of school youths through increased in production of our different agricultural commodities. This can be attained through continuous provision of technical/extension services on the latest and appropriate farming technologies.

| Office or Division | : | Office of the N | /Junicipal A | griculturist | | |
|--|--|--|-----------------------|---------------------------|--|--|
| Classification: | | Simple | | | | |
| Type of Transacti | on: | G2C | | | | |
| Who may avail: | | | er Folks, live | estock raisers, ou | | |
| CHECKLIST OF | | | | WHERE TO SE | | |
| Proof of membersh associations | nip of | a registered | Agriculturi | on/ Office of the N st | Municipal | |
| CLIENT STEPS | | AGENCY ACTIONS | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE | |
| 1. Proceed to the Municipal Agriculture Office and present purpose or queries | List down or record the queries of the client | | None | 10 minutes | Banner Program coordinator/ DA Staff Agriculture Office | |
| 2. Wait for the necessary advice or recommendations from the concern personnel | 2.1 Provide necessary advice or recommendations to the queries of the client | | None | 30 minutes | Banner Program coordinator/ DA Staff Agriculture Office | |
| | ocul | Conduct lar visit/field if necessary | None | 3 hours | Banner Program coordinator/ DA Staff Agriculture Office | |
| | 2.3 Provide necessary advice or recommendations to the problems of the client | | None | 30 minutes | Banner Program coordinator/ DA Staff Agriculture Office | |
| 3. Attend meeting | Con mee | | None | 4 hours | Any DA Staff Agriculture Office | |
| | | TOTAL | NONE | 8 hours and | d 10 minutes | |



Provision of Technical/ Extension Services (Farmers Class or Farmers Training)

The Local Government of Suyo through the Office of the Municipal Agriculturist aims to improve the living conditions of our farmers, fisher folks, livestock and poultry raisers, homemakers and out—of school youths through increased in production of our different agricultural commodities.

| Office or Division: | Office of the Mu | Office of the Municipal Agriculturist | | | | |
|--|--|---------------------------------------|--|--|--|--|
| Classification: | Simple | Simple | | | | |
| Type of Transaction: | G2C | G2C | | | | |
| Who may avail: | | Folks, live | stock raisers, out | of school youth | | |
| CHECKLIST OF REC | UIREMENTS | | WHERE TO SE | CURE | | |
| Proof of membership of associations | a registered | Organizat Agricultur | tion/ Office of the ist | Municipal | | |
| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE | | |
| association prepare and submit list of training they want | Accept the request and prepare training module if it is not available make request to other agencies to conduct the training | None | 3 days | Banner Program coordinator/ DA Staff Agriculture Office | | |
| schedule of training/farmers | Provide schedule of training/farmers class | None | 15 minutes | Banner Program coordinator/ DA Staff Agriculture Office | | |
| training or | Conduct of training or farmer class | None NONE | 24 hours or depend upon the required time | Banner Program coordinator/ DA Staff Agriculture Office d 15 minutes | | |



Provision of Technical/Extension Services (Preparation of Project Proposal in Availing of Assistance/Farm Machineries, Implements, Inputs and Postharvest Facilities from Local and National Agencies)

The Office of the Municipal Agriculturist provides assistance to various organizations within the municipality in the preparation of project proposals for the availment of various agricultural assistance from Local and National Agencies.

| Office or Division: | Office of the M | Office of the Municipal Agriculturist | | | | |
|------------------------|------------------------------|---------------------------------------|--------------------|--------------------------------|--|--|
| Classification: | Simple | | | | | |
| Type of Transactio | n: G2C | | | | | |
| Who may avail: | | er Folks, live | stock raisers, out | | | |
| CHECKLIST OF R | EQUIREMENTS | | WHERE TO SEC | CURE | | |
| Registered and acci | edited Farmers | Office of th | e Municipal Agricu | ulture office | | |
| Association | | | | | | |
| CLIENT STEPS | AGENCY | FEES TO | PROCESSING | PERSON | | |
| | ACTIONS | BE PAID | TIME | RESPONSIBLE | | |
| 1. Proceed to the | Prepare the list | none | 15 minutes | Banner Program | | |
| Municipal | of documents | | | coordinator/ DA Staff | | |
| Agriculture | need to prepare | | | Agriculture Office | | |
| Office and | by the client in | | | Agriculture Office | | |
| secure | availing | | | | | |
| requirement | assistance | | 4.1 | 5 5 | | |
| 2. Prepare the | Assist the client | None | 1 hours | Banner Program coordinator/ DA | | |
| necessary | in the | | | Staff | | |
| documents or | preparation of | | | Agriculture Office | | |
| project | the documents | | | / ignocator o moo | | |
| proposal 3. Submit the | or proposals Verification of | 2000 | 15 minutes | Pannar Dragram | | |
| documents for | documents and | none | 15 minutes | Banner Program coordinator/ DA | | |
| checking and | | | | Staff | | |
| verification | proposals submitted | | | Agriculture Office | | |
| 4. Submit | Endorse and | none | 8 hours | Banner Program | | |
| proposals to | Assist the client | TIONE | o nours | coordinator/ DA | | |
| the concern | in submitting | | | Staff | | |
| agencies | proposals to | | | Agriculture Office | | |
| agenoics | concern | | | | | |
| | agencies | | | | | |
| 5. Wait for the | Take charge for | None | It depend upon | Banner Program | | |
| approval of the | the regular | | the required | coordinator/ DA | | |
| proposal from | follow up to the | | time and | Staff | | |
| the concern | approval of the | | availability of | Agriculture Office | | |
| agencies | proposal of the | | funds | | | |
| | client | | | | | |
| | TOTAL | NONE | 9 hours and | 30 minutes | | |



Provision of Technical/ Extension Services (Registration of Organization)

The office of the Municipal Agriculturist provides assistance in organizing and registering/ renewal of registration of various rural based organizations (farmers, out-of-school youth, fisher folks, and women) for them to promote their welfare and advance or safeguard their interest. Registration of organization is required to all rural based groups to have a legal entity and to comply with the basic requirement in availing projects from local and national agencies.

| Office or Division: | Office of the | Office of the Municipal Agriculturist | | | |
|--|------------------------|---|--------------------|---------------------|-----------------------|
| Classification: | Simple | | | | |
| Type of Transaction | : G2C | | | | |
| Who may avail: | Rural Based | Orga | anization and | d Fisher Folks | |
| CHECKLIST OF RE | QUIREMENTS | | WH | HERE TO SEC | URE |
| Forms for new/ renew containing all required | ` | Security & Exchange Commission (SEC)/ Department of Labor and Employment (DOLE) | | | |
| signatures ✓ Financial statemen | icers and members with | | ent/ Organiz | ation | |
| CLIENT STEPS | AGENCY ACTIONS | | FEES TO BE PAID | PROCESS ING TIME | PERSON RESPONSIBLE |
| 1. Submit complete | Receive the | | None | 30 minutes | Banner Program |

| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCESS ING TIME | PERSON RESPONSIBLE |
|--|---|--------------------|---------------------|--|
| Submit complete requirements | Receive the complete requirement and assess based on the correctness of the documents | None | 30 minutes | Banner Program coordinator/ DA Staff Agriculture Office |
| 2. Submit all necessary documents to Securities and Exchange Commission Baguio City/ DOLE Provincial Office Vigan City | Provide transmittal of the documents to be submitted to the SEC Baguio City and DOLE Provincial office | None | 20 minutes | Banner Program coordinator/ DA Staff Agriculture Office |
| į | TOTAL | NONE | 50 | minutes |



Rice/ Corn/ Vegetable Seed Distribution

Rice/Corn/Vegetable seeds are distributed to marginal farmers/ group of farmers in order for them to continue their farm activities and give them the chance to have a source of income.

| Office or Division: | Office of the Municipal Agriculturist | | | | | |
|--|--|----------------------|--------------------------------|--|--|--|
| Classification: | Simple | | | | | |
| Type of Transaction: | G2C | | | | | |
| Who may avail: | Rice, Vegetables, and Corn growers | | | | | |
| CHECKLIST OF RE | QUIREMENTS | V | VHERE TO S | ECURE | | |
| Proof of membership ➤ Certified farmer/raiser of crop he/she is availing for ➤ A P4MP/RIC member and or registered in RSBSA ➤ Have undergone short training and or have knowledge on the basic steps in crop production | | Chapter Pr Office | esident/ Muni | cipal Agriculture | | |
| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCESS ING TIME | PERSON RESPONSIBLE | | |
| Inquire to the Municipal Agriculture Office about the program availability to issuance of seeds Submission of seed requirement requirements, premaster list of recipients and varietal preference | Inform the client about the program availability of seeds Accept and verify the requirements submitted | None None | 30 minutes 10 minutes | Banner Program coordinator/ DA Staff Agriculture Office Banner Program coordinator/ DA Staff Agriculture Office | | |
| 3. Wait for the schedule of seed distribution | Inform farmer beneficiary of schedule of distribution | None | Depends on required time | Banner Program coordinator/ DA Staff Agriculture Office | | |
| 4. Receive seeds | Award seeds, sign official Post master list of recipients and other pertinent papers, picture taking and thumb marking | None | 10 minutes per client | Banner Program coordinator/ DA Staff Agriculture Office | | |



Veterinary Services

Dog Rabies Vaccination, Deworming, Castration, Disease Treatment and Other services.

| Office or Division: | Office of th | Office of the Municipal Agriculturist / Livestock Division | | | | |
|---|---|--|--|--|--|--|
| Classification: | Simple | | | | | |
| Type of Transaction | : G2C | | | | | |
| Who may avail: | Livestock C | | | | | |
| CHECKLIST OF RE | QUIREMENTS | | ERE TO SEC | | | |
| Proof of payment | | Office of the Mu | inicipal Treas | urer | | |
| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCES SING TIME | PERSON RESPONSIBLE | | |
| Submit Official Receipt | Verify documents and give schedule | Rabies Vaccine - PHP60/hd; Dewormer - PHP2.00/ ml; Castration 50% of medicine cost; Iron/ Vitamin - 50% of Medicine cost | 5 minutes | DA Staff/ Livestock Coordinator/ Agriculture Office | | |
| 2. Wait for schedule and assist DA Staff in the provision of service | Provide needed service | None | 1 day* *depends on volume of request and location of animal | | | |
| | TOTAL | Rabies Vaccine - PHP60/hd; Dewormer - PHP2.00/ ml; Castration 50% of medicine cost; Iron/ Vitamin - 50% of Medicine cost | 1 day* a | nd 5 minutes | | |



OFFICE OF THE MUNICIPAL HEALTH OFFICER

External Services



Addressing Sanitation- Related Complaints

All public private premises (households, business establishments and entities) should maintain and use premises in a manner not injurious to health. Otherwise, it could become a Nuisance and should be addresses immediately by the Municipal Health Office.

| Office/ Divisi | ion | Municipal He | Municipal Health Office and Birthing Home | | | | |
|---|--|---------------|---|--------------------|--|--|--|
| Classificatio | n | Simple | | | | | |
| Type of Tran | saction | G2C | | | | | |
| Who may av | | All residents | of Suyo | | | | |
| CHECKLIST | Γ OF REQU | IREMENTS | WHERE TO SECURE | | | | |
| 1. Letter of concepts personal appoint the health | earance of c | | Compla | inant | | | |
| CLIENT STEPS | AGENCY ACTION | | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE | | |
| 1. File complaint at the health unit | and registe logbook; Interviews | complainant | None | 30 minutes | | | |
| 2. Waits for written feedback from RSI | 2.1 Conducts field investigation in the company of concerned barangay officials to verify complaint 2.2 Issues sanitary order(maximum of 3 Sanitary orders and 3 Re inspection indicate non-compliance to issuances) 2.3 Notice of hearing 2.4 Revocation of permit is recommended by Municipal Health Officer to the Local Chief Executive if deemed necessary TOTAL | | None | 2 days | Sanitation Inspector III Municipal Health Office | | |
| | | | None | 14 days | | | |
| | | | None | 7 days | Municipal Health Officer/ Doctor to the Barrio Municipal Health Office | | |
| | | | None | 7 days | Municipal Health Officer Municipal Health Office nd 30 minutes | | |



Ambulance Service

This service is given to all residents of Suyo who maybe in need of emergency transportation with skilled health professional. Caters those who are inpatient for transfer to another hospital, accident victims, and health emergencies at home in need of first aid and subsequent transport to a health facility.

| Office/ Division | า | Municipal Health | n Office a | nd Birthing Home | ; | | |
|--|---|--|---|---|--|--|--|
| Classification | | Simple | | | | | |
| Type of Transa | ction | G2C | | | | | |
| Who may avail | | Residents of Suyo | | | | | |
| CHECKLIST | OF RE | QUIREMENTS | | WHERE TO S | ECURE | | |
| 1. Endorsement the Doctor; Nurs | • | ort via phone by vife. | Barangay Captains, Barangay Health Station (BHS), relatives or any concerned citizen. | | | | |
| CLIENT STEPS | AGENCY ACTIONS | | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE | | |
| 1. Inquire about availability of ambulance. | or rep 1.2 Re MHO of the and/or | 1.1 Receive referral or report. 1.2 Refer client to the MHO for assessment of the client's case and/or condition for approval of the | | 5 minutes | Nurse /Midwife on Duty Municipal Health Office | | |
| 2. Wait for the rescue to pick up the patient. | Pick u | p the patient he place as led from the | None | 10 minutes | Driver on Duty/ | | |
| 3. Receive first aid. | 3.1 Pr | 3.1 Provide First Aid | | 5 Minutes* *Transport time is dependent on the | Nurse / Midwife on Duty Municipal Health Office | | |
| | 3.2 Transfer patient to a health facility | | | distance from the place of origin to the destination. | | | |
| | | TOTAL | None | 20 n | ninutes | | |



Application for Operational Permit for New Water Refilling Stations

For those wanting to put up new Refilling Station

| Office/ Divisio | n | Municipal Health Office and Birthing Home | | | | | |
|---|---|---|---------|--|---------------------|---------------------------------------|--|
| Classification | | Simple | | | | | |
| Type of Trans | ype of Transaction G2C | | | | | | |
| Who may avai | I | | | • | rested in putting (| up a Water | |
| | | Refiling Sta | | | _ | | |
| CHECKLIST | OF REQ | UIREMENTS | } | <u>.</u> | WHERE TO SE | CURE | |
| None | | | | None | | | |
| CLIENT | | ENCY | | EES TO | PROCESSING | PERSON | |
| STEPS | | TIONS | В | E PAID | TIME | RESPONSIBLE | |
| Fill up operational permit form and submit to | inspection/ sanitary survey of water source anitation spector Start onstruction water water filling inspection/ sanitary survey of water source 1.2 Issuance of drinking water site clearance 2.1 Conduct water sampling for bacteriological and physical and | | | None | 30 minutes | | |
| Sanitation Inspector | | | W CI | Orinking ater Site earance PHP 100.00 | 2 minutes | Sanitation | |
| 2. Start construction of water refilling station. | | | | None | 1 day | Inspector III Municipal Health Office | |
| | | | C | PHP 100.00 ertificate of water otability | 30 minutes | | |
| | | TOTAL | | PHP 200.00 | 2 0 | lays | |



Issuance of Death Certificate

This service caters residents and non-residents of Suyo who died in this municipality, either at home or in any health facility

| Office/ Division | 1 | Municipal Health Office and Birthing Home | | | | | | |
|---|--|---|--|------------|------|--|--|---|
| Classification | ification Simple | | | | | | | |
| Type of Transa | ction | G2C | | | | | | |
| Who may avail All residents of Suyo | | | | | | | | |
| CHE | CKLIS | ST OF REC | QUIREMENTS | 3 | W | HERE TO SECURE | | |
| Previous medica | al recoi | rds if any (| 1 original, 1 P | | | spital | | |
| CLIENT | | ENCY | FEES TO | PROCESSIN | 1G | PERSON | | |
| STEPS | AC | TIONS | BE PAID | TIME | | RESPONSIBLE | | |
| Proceed to Municipal Health Office | Inform | are Death nation: e of death | None | 10 minutes | 5 | Sanitation Inspector III/ Municipal Health Officer Municipal Health Office | | |
| 2. Proceed to Office of the Local Civil Registrar | Prepare Certificate of Death | | None | 9 minutes | | <i>Municipal Civil</i> Registrar/ Clerk IV Municipal Civil Registry | | |
| 3. Brings Prepared death certificate form to RHU | MHO signs death certificate | | | | | Municipal Health Officer/ Doctor to the Barrio Municipal Health Office | | |
| 4. Return to LCR for the issuance of copy of COD | Verify completion of information and signatures and issue Owners Copy of COD | | completion of information and signatures and issue Owners Copy | | None | 6 minutes | | <i>Municipal Civil Registrar/ Clerk IV</i> Municipal Civil Registry |
| | | TOTAL | None | | 30 | minutes | | |



Issuance of Health Certificate and Sanitary Permit

The Municipality of Suyo requires all establishments operating within the jurisdiction of Suyo to secure sanitary permits and health certificates from Municipal Health Office before the business permit is issued.

| Office/ Division | n | Municipal Health Office and Birthing Home | | | | |
|---|---|---|---|-----------------------------|---|--|
| Classification Simple | | | | | | |
| Type of Trans | | G2C | | | | |
| Who may ava | | | | and business establishments | | |
| | | F REQUIREME | | WHERE T | O SECURE | |
| laboratory examusical (1 original) | | es – Negatives s (Stool exam, ı | urinalysis) | Municipal Health | | |
| CLIENT STEPS | AGEN | CY ACTIONS | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE | |
| 1. Submits requirements. (Laboratory results and receipt) | 1.1 Receives and reviews requirements then prepares documents 1.2 Register client in the log book, including name and address of establishment and lab results 1.3 Gives laboratory results to Municipal Health Officer | | None | 5 minutes | Sanitation Inspector III Municipal Health Office | |
| 2. Enters consultation room | 2.1 Receives and interprets laboratory results. 2.2 Signs the health certificate | | None | 10 minutes | Municipal Health Officer Municipal Health Office | |
| 3. Receives documents | permit site ins | ents. (Sanitary is issued after pection is y sanitary | PHP 75.00 Health Certificate PHP 75.00 Sanitary permit | 30 seconds | Sanitation Inspector III Municipal Health Office | |
| | | TOTAL | PHP 150.00 | 15 minutes a | nd 30 seconds | |



Issuance of Medical Certificate

This service caters residents of Suyo who need medical certificate as a requirement prior to school enrolment or employment. Health cards are issued to operators and employees who are handling food after undergoing physical and laboratory examinations.

| Office/ Division |) | Municipal Health Office and Birthing Home | | | | |
|---|--|---|--|--|------------|--|
| Classification Simple | | | | | | |
| Type of Transaction G2C | | | | | | |
| Who may avail | | All resid | | of Suyo | | |
| CHECKLIST C | F REQU | JIREMEN | ITS | | WHERE TO | SECURE |
| None | | | | None | T | |
| CLIENT | | NCY | | S TO | PROCESSING | PERSON |
| STEPS | ACT | IONS | BE | PAID | TIME | RESPONSIBLE |
| 1. Get a number and register when your number is called | Pulls out Individual Treatment Record | | None | | 5 minutes | |
| 2. Pays medical Certificate Fee | Gets official receipt. Gives Individual Treatment Record with medical certificate form to Municipal Health Officer | | PHP 75.00 (Local) PHP 100.00 (Abroad) PHP 30.00 (Doc | | 5 minutes | Nurse /Midwife on Duty Municipal Health Office |
| 3. Enter Consultation Room when your turn comes | medica record. Prepare | Prepare and signs medical | | np) e | 5 minutes | Municipal Health Officer/ Doctor to the Barrio Municipal Health Office |
| 4. Receives medical certificate | release medica | Records and eleases | | 9 | 2 minutes | Nurse /Midwife on Duty Municipal Health Office |
| | | TOTAL | 10: (Lo P 13: | HP 5.00 ocal) HP 0.00 road) | 17 | minutes |



National Tuberculosis Control Program (Availing Direct Sputum Smear Microscopy)

Sputum Gene XpertMTB/RIF test shall be the primary diagnostic tool for all clients especially for the following specific clients belonging to the criteria below with cough of more than 2 weeks or more:

- 1. All re-treatment cases (relapse, treatment after failure, treatment after lost to follow up, previous treatment outcome unknown).
- 2. Contacts of DR-TB patients
- 3. Non-converter of Category I
- 4. People living with HIV (PLHIV) with a least one of the four signs and symptoms of TB (fever, cough, weight loss, night sweats)
- 5. Selected vulnerable population which includes inmates in jails and prisons, children less than 15 years old and elderly who are 60 years old and above.
- 6. New cases who are presumptive extra pulmonary TB.

Direct Sputum Smear Microscopy (DSSM) shall be used to follow up sputum monitoring after initiation of anti-TB regimen. To monitor treatment outcome, sputum specimen shall be collected after 2nd, 5th, and 6th month of taking anti-TB medications accordingly.

| Office/ Division | ١ | Municipal Heal | h Office and Birthing Home | | |
|---|---|--|----------------------------|-------------------------------|---|
| Classification | | Simple | | | |
| Type of Transa | ction | G2C | | | |
| Who may avail | | All residents of | Suyo | | |
| CHECKLIST | OF REQ | UIREMENTS | | WHERE TO | |
| 1. Referral slip | | | | Health Statio Hospital Phy | ns (BHS), Private ⁄sician |
| 2. Latest Chest | X-ray res | ult | Laboratory | clinics offeri | ng xray services |
| CLIENT STEPS | AGENCY ACTION | | FEES TO BE PAID | PROCES SING TIME | PERSON RESPONSIBLE |
| 1. Present referral slip, result of CXR | then ret | referral slip rieval or of medical | None | 5 minutes | Nurse /Midwife on Duty Municipal Health Office |
| 2. Provide the necessary information | history t symptor with hist treatme exposur 2.2 Obta and record Individu Record | rview client for aking (i.e. ms of TB, if tory of TB nt history of e) ain vital signs ord on the al Treatment (ITR) form er to physician | None | 10 minutes | |



| 3. Proceed to medical consultation room | 3.1 Verify medical history of client. 3.2 Examines patient. 3.3 Diagnose and discuss management plan with client. | None | 10 minutes | Municipal Health Officer/ Doctor to the Barrio Municipal Health Office |
|---|--|------|---------------|--|
| 4. Listen to the health education on TB and instructions on proper sputum collection. | 4.1 Provide health education on TB 4.2 Give instructions on proper sputum collection | None | 5 minutes | TB Nurse Coordinator/ Nurse II Municipal Health Office |
| 5. Submit properly labelled sputum specimen and wait for the date of release of result. | 5.1 Collect sputum specimen along with NTP form. 5.2 Inspect quality of sputum specimen. 5.3 Submit to GeneXpert Technician for MTB/RIF assay test. 5.4 Inform client on date of release of result | None | 5 minutes | <i>Medical</i> <i>Technologist II</i> Municipal Health Office |
| | TOTAL | NONE | 3 | 5 minutes |



National Tuberculosis Control Program (Availing of Anti-Tuberculosis Drugs)

This program caters to residents of Suyo with complaint of persistent cough for 2 weeks or more, with or without other signs and symptoms of Tuberculosis. Clients with referral from hospitals and clinics are also being catered.

| Office/ Division | | Municipal Hea | olth Office and Birthing Home | | | |
|--|--|---|-------------------------------|-----------------------------------|--|--|
| Classification | assification Simple | | | | | |
| Type of Transaction G2C | | | | | | |
| Who may avail All residents of | | | f Suyo | | | |
| CHECKLIST C | F REQU | | | HERE TO SE | CURE | |
| 1. Referral slip | | | | ealth Stations Iospital Physic | (BHS), Private cian | |
| 2. Direct Sputur | n Smear | Microscopy | | cility/ hospital | | |
| 3. Latest Chest | | | | | X-ray services | |
| CLIENT STEPS | AGEN | CY ACTION | FEES TO BE PAID | PROCESS ING TIME | PERSON RESPONSIBL E | |
| 1. Present referral slip, result of CXR, DSSM/Gene Xpert | then ret creation record | e referral slip rieval or n of medical | None | 5 minutes | Nurse /Midwife on Duty Municipal Health Office | |
| 2. Provide necessary data for history taking | for histo 2.2 Obt 2.3 Red Individu Record 2.4 Ref | rview client ory taking. ain vital signs cord on the lal Treatment form (ITR). er the patient funicipal Officer | None | 5 minutes | <i>Nurse /Midwife</i> <i>on Duty</i> Municipal Health Office | |
| 3. Proceed to medical consultation room. | 1. Verify medical history of client. 2. Examines/ Assesses patient. 3. Discuss treatment plan with client 4. Refer to TB Nurse Coordinator | | None | 10 minutes | Municipal Health Officer/ Doctor to the Barrio Municipal Health Office | |
| 4. Listen to the health education/ instructions and receive the initial TB drugs | issue N eligible. 4.2 Give | e Health on about TB ement. | None | 15 minutes | TB Nurse Coordinator/ Nurse II Municipal Health Office | |



| importance of Directly Observed Treatment Short Course (DOTSC) with treatment partner. 4.4 Issue initial TB drugs 4.5 Instruct client where to report for his/her daily intake of | | | |
|---|------|------|---------|
| TB drugs | | | |
| 4.6 Inform client of schedule of follow-up | | | |
| sputum re- examination. | | | |
| TOTAL | NONE | 35 ו | minutes |



Provision of Dental Consultation

The service is rendered to any individual or person needing Dental Consultation, Tooth Extraction, and Oral Prophylaxis. Oral Examination for Children and Pregnant Women are also provided.

| Office/ Division | | Municipal Hea | alth Office and | Birthing Home | | | |
|---|--|---------------------------|--|---|---|--|--|
| Classification | | Simple | | | | | |
| Type of Transaction | on | G2C | | | | | |
| Who may avail | | | | ts from adjacen | - | | |
| | | | | likewise welco | | | |
| CHECKLIST OF | REQU | IREMENTS | | IERE TO SECU | JRE | | |
| NONE | | | NONE | I | | | |
| CLIENT STEPS | AGENCY ACTIONS | | FEES TO BE PAID | PROCESSI NG TIME | PERSON RESPONSIB LE | | |
| 1. Get number in the Waiting Area. | None |) | None | 1 minute | Client | | |
| Register and secure Record at | | nterviews and ds data. | None | 3 minutes | Midwife on Duty | | |
| Admission | recor in the treate | d/Family | None | 2 minutes | Municipal Health Office | | |
| 3. Go to Dental Clinic (2 nd Floor) and wait for number/name to be called. | Examines and renders appropriate service to Patient. | | PHP 75.00 per tooth for Patient outside Suyo | 30 minutes (depends on number of tooth to be extracted) | Dentist I Municipal Health Office | | |
| 4. Receive prescribed medications if available or prescription. | Patient Education Issues prescribed medicines if available or issues prescription of Dentist. | | None | 3 Minutes | Nurse II Municipal Health Office | | |
| | | Total | PHP 75.00 | 38 Mi | nutes | | |



Provision of Immunization Service

The Municipal Health Office provides essential preventive care package to all children 0-15 months old. Free Immunization for the seven (7) Immunizable Diseases is available at the Main Health Center and the Barangay Health Stations.

| Office/ Division | | Municipal Health | Office | | |
|---|------------------------------------|--|-----------------------|---------------------|---|
| Classification | | | | | |
| Type of Transaction | on | G2C | | | |
| Who may avail | | All 0-15 Months | Children | | |
| CHECKLIST OF | REC | UIREMENTS | | WHERE TO S | ECURE |
| 1.Immunization Ca Original) | rd for | Old Patients (1 | Health C | enters and Ho | ospital of Delivery |
| CLIENT STEPS | AGENCY ACTIONS | | FEES TO BE PAID | PROCESS ING TIME | PERSON RESPONSIBLE |
| 1. Register and present immunization card for old clients and enroll new clients. | imm and imm for o enro | uires nunization card reviews nunization history old clients and ol and prepare nunization card new clients. | None | 5 minutes | Nurse /Midwife on Duty Municipal Health Office |
| 2. Assist in weighing and taking the temperature of her child. | the the reco | ghs and takes temperature of child and ords it to the nunization card. | None | 2 minutes | Nurse /Midwife on Duty Municipal Health Office |
| 3. Assist in the immunization of the child. | 3.2 | | None | 5 minutes | Nurse /Midwife on Duty Municipal Health Office |
| | | TOTAL | NONE | 12 | minutes |



Provision of Laboratory Services

The RHU provides basic Laboratory services.

| Office/ Division Municipal Health Office and Birthing Home | | | | | me | |
|--|---|----------------------|---|----------------------------|--|--|
| Classification Simple | | | | | | |
| 71 | | G2C | | | | |
| Who may avai | | All reside | | f Suyo | | |
| CHECKLIST | OF REQU | IIREMEN ⁻ | TS | | WHERE TO S | ECURE |
| NONE | | | | NONE | | _ |
| CLIENT | AGE | | | ES TO | PROCESSING | |
| STEPS | ACTI | ONS | | PAID | TIME | RESPONSIBLE |
| 1. Present Laboratory Request | Receive Laborator request a charge sli | nd issue | None | | 2 minutes | Medical Technologist II Municipal Health Office |
| 2. Pays corresponding Laboratory fees at the Treasury Office | Receive pand issue Receipt | • | *Free for NHTS PhilHealth Holders (CBC, U/A,FBS& Cholesterol) *20% discount for Senior | | 5 minutes | Revenue Collection Clerk Treasury Office |
| 3.Conduct of the Laboratory Examination | 3.1 Perfor Laborator procedure 3.2 Fills in book. | ty e n Log | | lone | 1 hour* *depending on the examination requested | Medical Technologist II Municipal Health Office |
| 4. Get Laboratory Result | Releases Laborator | | N | lone | 2 minutes | |
| 5. Get back to Doctor for evaluation of Result | Evaluates Laborator and gives necessary treatment | ry result | result | | 5 minutes | Municipal Health Officer/ Doctor to the Barrio Municipal Health Office |
| | | TOTAL | re | lease fer to e below | 1 hour & | 14 minutes |



| Laboratory Procedure | Amount |
|---------------------------------|--------|
| A. Hematology | |
| Routine CBC | 75 |
| 2. WBC | 75 |
| Platelet Count | 50 |
| Blood Typing | 75 |
| B. Blood Chemistry | |
| Total Cholesterol | 100 |
| Triglycerides | 100 |
| 3. HDL Cholesterol | 100 |
| 4. LDL Cholesterol | 100 |
| 5. AST (SGOT) | 100 |
| 6. ALT (SGPT) | 100 |
| 7. Sodium | 100 |
| 8. Potassium | 100 |
| Fasting Blood Sugar | 100 |
| 10. Blood Urea Nitrogen | 100 |
| 11. Creatinine | 100 |
| 12. Uric Acid | 100 |
| C. Gram Stain | 75 |
| D. Pregnancy Test | 100 |
| E. Urinalysis | 75 |
| F. Fecalysis | 75 |
| G. Sputum | 75 |
| H. HBsAg | 150 |



Provision of Maternal Care (During Delivery)

Municipal Health Office operates as birthing Clinic open 24/7 to serve you.

| Office/ Division | 1 | Municipal Health Office | | | | | |
|--|--|-------------------------|---|------------------------|--|--|--|
| Classification | | Sim | ple | | | | |
| Type of Transa | ction | G20 | | | | | |
| Who may avail | All P | | All Pregnant women of Suyo | | | | |
| CHEC | KLIST OF R | EQU | IREMENTS | WHERE T | O SECURE | | |
| 1.Mother- Baby | Book for old | patie | ents(1 Original) | Health Centers | | | |
| CLIENT | AGENC' | Y | FEES TO BE | PROCESSING | PERSON | | |
| STEPS | ACTION | S | PAID | TIME | RESPONSIBLE | | |
| 1. Pregnant woman about to deliver comes to the MHO Birthing Clinic. | 1.1 Interview takes vital signs and obstetrical history. Bring out antenative record. 1.2. Admit pregnant mother and monitor using Partograph. 1.3. Inform/refermed MHO 1.4. Deliver the baby and postpartum care. If however, complication sets in, referent to | ngs al to y of | For Universal Health Care delivery fee is free including Newborn Screening. | 10 Hours, 5 Minutes | Team on Duty Municipal Health Office Municipal Health Officer/ Doctor to the Barrio Municipal Health Office Ambulance Driver Municipal Health Office | | |
| | hospital of choice using ambulance. | _ | | | | | |
| | TOTAL | | NONE | 10 Hours a | nd 5 Minutes | | |



Provision of Maternal Care (During Postpartum Period)

Postpartum period begins immediately after childbirth as the mother's baby including hormone levels and uterus size returns to a non-pregnant state. Provision for postpartum care ensures optimum health of the every mother.

| 000 / 101 1 1 | | | 11 14 6 | | | | |
|--------------------------------|---|---|--|---------|-----------------------------------|--|--|
| Office/ Division | | Municipal | Health (| Office | 9 | | |
| Classification | | Simple | | | | | |
| Type of Transaction G2C | | | | | | | |
| Who may ava | | All postpa | | men | · · | | |
| CHEC | KLIST OF R | EQUIREM | ENTS | | WHERE TO | SECURE | |
| Discharge slip | (1 Original) | | | | ce of Delivery | | |
| CLIENT STEPS | AGENCY A | ACTIONS | FEES BE PA | | PROCESSING TIME | PERSON RESPONSIBLE | |
| 1. Submits to postpartum care. | 1.1. Postpa care just at delivery. a) IE and po- care b) Monitorin signs 15 mi the first 2 ho initiation of breastfeedin c) Discharg if recovered | fter erineal ng of vital nutes for ours and ng. es patient l. | For Univers Health Care delivery fee is fr includin Newbor Screeni | ee g | 1 Hour | Team on Duty Municipal Health Office Municipal Health Officer/ Doctor to the Barrio Municipal Health Office | |
| | 1.2. Postpa visit after a from delive i) HOME VI a) Examines/A mother. b) Patient E c) Refer to I Health Offic necessary d) Vitamin A (200.000 IU e) Ferrous S with Folic A months ii) Follow-L RHU: a) Pulls out Individual T Record/fam b) Interview | a week ery. SIT: Assesses Education Municipal cer if A I) Sulfate cid for 3 Ip at Freatment illy folder | | | 1 hour and 30 minutes 30 minutes | Nurse /Midwife on Duty Municipal Health Office | |



| | TOTAL | None | 3 hours an | d 32minutes |
|----------------------|--|----------|-------------|---------------------------|
| Certificate | Negistry Office | | | Office |
| birth certificate | Municipal Civil Registry Office | | | Municipal Health |
| 3. Secure | Send watcher to | None | 2 minutes | Nurse /Midwife on Duty |
| | necessary | . | | A. /A. 4: 1 · C |
| | Health Officer if | | | |
| | -Refer to Municipal | | | |
| | BCG within 24 hours | | | |
| | -Hep B. Injection and | | | |
| | -New born Screening | | | |
| care. | born care (EINC) | | | |
| new born | intrapartum and new | | | Office |
| her baby for | - do essential | INUITE | JU HIIHULES | Municipal Health |
| 2. Submits | New born Care | None | 30 minutes | Team on Duty |
| | higher institution if the need arises. | | | |
| | i) Refers patient to | | | |
| | medicines. | | | |
| | appropriate | | | |
| | prescribes | | | |
| | h) Advises and | | | |
| | deemed necessary | | | |
| | examinations, if | | | |
| | laboratory | | | |
| | appropriate | | | |
| | g) Orders | | | |
| | the patient. | | | |
| | Assesses/Examines | | | |
| | f) | | | |
| | months. | | | |
| | with Folic Acid for 3 | | | |
| | e) Ferrous Sulfate | | | Office |
| | (200.000 IU). | | | Municipal Health |
| | d) Vitamin A | | | the Barrio |
| | c) Patient education. | | | Officer/ Doctor to |
| | Folder | | | Municipal Health |
| | Record/Family | | | |
| | Individual Treatment | | | |
| | signs and chief complaints in the | | | |
| | | | | |
| | and records vital | | | |



Provision of Out-Patient Consultation

The Purpose of this service is to provide basic curative services which consist of primary level out-patient and emergency care for commonly encountered diseases in the community. Diagnosis and treatment of illnesses and appropriate medical service is given.

It is offered at the Main Health Center and at the Barangay Health Stations.

| Office/ Division | fice/ Division Municipal Health Office | | | | | | |
|--|---|---|-----------------------------------|------------------------|---|--|--|
| Classification | 1 | Simple | | | | | |
| Type of Transaction G2C | | | | | | | |
| Who may ava | | All clients seeking | health servic | es. | | | |
| CHECKLIS | ST OF R | EQUIREMENTS | | HERE TO S | ECURE | | |
| Physical ar | pearan | ce | Client | | | | |
| CLIENT STEPS | AGE | ENCY ACTIONS | FEES TO BE PAID | PROCES SING TIME | PERSON RESPONSIBLE | | |
| 1. Go to Admission Area- Get a | _ | lls out Individual ent Record/family | None | 2 minutes | Nurse /Midwife on Duty Municipal Health | | |
| number, register and wait to be called. | records chief co Individu Record | erviews, takes and s vital signs and omplaints in the ual Treatment l/Family Folder | None | 5 minutes | Office | | |
| 2. Enters Consultation Room when called. | the pat deeme 2.2. Or laborat if any 2.3. Ad prescrif medicin 2.4. Re higher need a | d necessary ders appropriate ory examinations, vise and bes appropriate nes. efers patient to institution if the rises. | None | 10 minutes | Municipal Health Officer Municipal Health Office | | |
| 3. Proceed to Laboratory room for Laboratory Examination | 3.2. Per request 3.3. Issuest | ue Laboratory to patient/MHO | See attached lab charges | 15 minutes | Medical Technologist II Municipal Health Office | | |
| 4. Returns to consultation room with Laboratory results. | Labora 4.2. Ad prescrii 4.3. Re | aluation of tory result. vises and bes medicines. efers patient to institution if | None | 3 minutes | Municipal Health Officer Municipal Health Office | | |



| | needed. | | | |
|---|--|------|-----------|--|
| 5. Goes to RHU Pharmacy for the issuance of medicines | 5.1. Patient Education 5.2. Carries out Doctor Order/s 5.3. Dispenses the prescribed medicines and apply appropriate care. | None | 5 minutes | Nurse II Municipal Health Office |
| and appropriate nursing care and/or bring referral to Hospital of Choice. | | | | |
| | TOTAL | None | 40 | Minutes |



Provision of Prevention and Control of Lifestyle-related Health Disease (Cardiovascular Disease, Diabetes, Renal Disease, Cancer)

There is an increasing occurrence of lifestyle-related illnesses like Cardiovascular Disease, Diabetes, Renal Disease and Cancer – which are results of heredity and combined harm related to risk factors like smoking, emotional stress, diet, environmental and behavioral influences. Thus, promotion of healthy diet and physical exercise and early diagnosis and treatment/ referral should be instituted.

| Office/ Division | sion Municipal Health Office | | | | | |
|---|---|--|---|---------------------|---|--|
| Classification | | Simple | | | | |
| Type of Transaction G2C | | | | | | |
| Who may avail | | All clients | | | | |
| CHECKLIST OF | REQU | IREMENTS | W | HERE TO SE | CURE | |
| None | | | None | | | |
| CLIENT STEPS | | AGENCY ACTIONS | FEES TO BE PAID | PROCES SING TIME | PERSON RESPONSIBLE | |
| 1. Get a number and register when your number is called. | and resigns comp Individ | dual ment rd. iews, takes ecords vital and chief laints in the dual ment rd/Family | None | 5 minutes | Nurse /Midwife on Duty Municipal Health Office | |
| 2. Goes to laboratory room for laboratory exam | Folder 2.1 Issue charge slip. 2.2 Performs laboratory requests. 2.3 Issue laboratory results to patient/MHO. | | Refer to attached laboratory charges | 15 minutes | Medical Technologist II Municipal Health Office | |
| 3. Returns to consultation room with laboratory results | Evalu | ation of nt laboratory | None | 3 minutes | Municipal Health Officer Municipal Health Office | |
| 4. Receives medicines and appropriate nursing care or bring referral to | Docto 4.2 Pr presc | arries out or's Order rovide the ribed cines and | None | 5 minutes | <i>Nur</i> se <i>II</i> Municipal Health Office | |



| hospital choice. | apply appropriate | | | |
|------------------|--------------------|------|------------|--|
| | care | | | |
| 5. Registry of | Include patient on | None | 2 minutes | |
| cases to | list | | | |
| Hypertension/ | | | | |
| Diabetes | | | | |
| Registry | | | | |
| | TOTAL | None | 41 minutes | |



Provision on Family Planning Program Service

The conduct of one on one counselling is provided to help couples achieve their desired family ize based on their own conscience and values. The Municipal Health Office provides family planning services to qualified clients.

| Office/ Division | | Municipal He | ealth Office | | |
|--|--|-----------------------|--------------------|---------------------|--|
| Classification | | | | | |
| | Type of Transaction G2C | | | | |
| Who may ava | | | | e age in Suyo | |
| | | OF REQUIRE | | WHER | E TO SECURE |
| Family Plan Original) | ning Car | d for Old Pation | ents (1 | Municipal Hea | Ith Office |
| CLIENT STEPS | | SENCY CTIONS | FEES TO BE PAID | PROCESSI NG TIME | PERSON RESPONSIBLE |
| 1. Register and secure Family record. | Assist o registra | lient in the tion. | None | 2 Minutes | Nurse /Midwife on Duty Municipal Health Office |
| 2. Listen to the presentation and clarify/ask related questions. | FP counselling- Presents/Discusses all Family Planning methods. | | None | 15 Minutes | Nurse /Midwife on Duty Municipal Health Office |
| 3. Chooses preferred and desired method. | 3.1 Discusses further the chosen method and evaluates family planning acceptor. 3.2 Refer patient to Physician for further evaluation | | None | 10 Minutes | Nurse /Midwife on Duty Municipal Health Office |
| | 3.3 Examines the patient and refer back for issuance of FP commodity. | | None | 5 Minutes | Municipal Health Officer Municipal Health Office |
| 4. Receives appropriate service. | of FP commodity. 4.1 Records and provide the chosen method. 4.2 Advises and schedule follow-up. | | None | 3 Minutes | Nurse /Midwife on Duty Municipal Health Office |
| | | TOTAL | NONE | 3 | 5 minutes |



OFFICE OF THE LOCAL DISASTER RISK REDUCTION MANAGEMENT OFFICER

External Services



Disaster Preparedness (Orientation/Training)

The Local disaster and Risk Reduction Management Office provides disaster preparedness orientation and trainings to establish and strengthen capacities of communities to anticipate, cope and recover from the negative impacts of emergency occurrences and disasters.

| Office: | | Local Disaster Risk Reduction and Management | | | | | |
|---------------------------------|---|--|-----------------------|--------------------|--|--|--|
| Classification: | | Complex | | | | | |
| Type of Transact | ion: | G2C | | | | | |
| Who may avail: | | All residents | | | | | |
| CHECKLIST O | FREG | QUIREMENTS | | WHERE TO | SECURE | | |
| 1. Letter Request | | | Client | | | | |
| Client Steps | A | gency Action | Fees to be paid | Processing Time | Person Responsible | | |
| 1. Submit Letter Request | 1.1 Approval of the Request | | None | 1 day | <i>Municipal Mayor</i> Mayor's Office | | |
| | 1.2 Preparation for the Training (training design/project proposal/coordination to other offices) | | None | 5 days | LDRRMO LDRRM Office | | |
| 2. Receive schedule of training | entity | m the requesting y of the status of equest | None | 1 day | | | |
| | | Total: | None | 7 | ⁷ days | | |



Disaster Prevention and Mitigation

Disaster prevention refers to outright avoidance of adverse impacts of hazards and related disaster. It expresses the concept and intention to completely avoid potential adverse impacts through action taken in advance.

Disaster Mitigation refers to measures that would lessen or limit adverse impacts of hazards and related disasters.

A. Six (6) years MDRRM/LCCAP Plans, Contingency Plan, and other plans

| Office: | | Local Disaster Risk Reduction and Management Office | | | | |
|-----------------|---|---|--------------------|------|---------------------|--|
| Classification | on: | Complex | tor relocation | Jaac | otion and mai | agomon omoo |
| Type of Tra | | G2C, G2G, | G2B | | | |
| Who may av | | ALL | | | | |
| CHECK | LIST OF R | EQUIREME | NTS | | WHERE | TO SECURE |
| NONE | | | | NO | NE | |
| CLIENT STEPS | AGENCY ACTION | | FEES TO BE PAID | | PROCESSI NG TIME | PERSON RESPONSIBLE |
| | 1. Creation of Committee/Core Team | | None | | 1 day | <i>Municipal Mayor</i> Office of the Municipal Mayor |
| | 2. Conduct planning/research/co nsultation/dialogue/a ssessment | | None | | 2 weeks | Members of the committee/core team |
| | 3. Formulation of the Plan | | None | | 1 week | |
| | 4. Approval of the Plan | | None | | 3 sessions | SB/Mayor/Other concerned agencies |
| TOTAL: | | | None | | • | , 1 day and 3 SB Sessions |



B. Annual LDRRM Plan

| Office: | | Local Disaster Risk Reduction and Management Office | | | | |
|-----------------|---|---|-----------------------|---------------------|--|--|
| Classification: | | Complex | | | | |
| Type of Transac | tion: | G2C, G2G, G2B | | | | |
| Who may avail: | | ALL | | | | |
| CHECKLIST | OF REC | QUIREMENTS | | WHERE TO | SECURE | |
| 5% Calamity Fun | d | | MBO | | | |
| CLIENT STEPS | AGENCY ACTION | | FEES TO BE PAID | PROCESSI NG TIME | PERSON RESPONSIBLE | |
| | Computation of 5% Calamity Fund | | None | 1 day | Municipal Budget Officer Budget Office | |
| | 2. Preparation of the Plan | | None | 1 day | LDRRMO LDRRM Office | |
| | 3. For Plan | mulation of the | None | 1 day | Members of the committee/core team | |
| | 4. Approval of the Plan5. Submission of the Plan to SB | | None | 1 day | MDRRMC/ MDC | |
| | | | None | 5 minutes | LDRRMO LDRRM Office | |
| | 6. App | roval of the Plan | None | 3 days | SB/Mayor | |
| | | TOTAL: | None | 7 days a | and 5 minutes | |



Disaster Rehabilitation and Recovery

The Office of the Local Disaster and Risk Reduction Management helps to restore and improve facilities, livelihood and living condition and organizational capacities of affected communities and reduce disaster risks in accordance with the building back better principle.

| Office: | | Local Disaster F | Risk Redu | ction and Mana | agement | |
|------------------------------|--|--|-----------------------|---------------------|--|--|
| Classification: | | Simple | | · · | | |
| Type of Transactio | n: | G2C | | | | |
| Who may avail: | | All Residents | | | | |
| CHECKLIST OF | REQ | JIREMENTS | | WHERE TO | SECURE | |
| NONE | | | NONE | | | |
| CLIENT STEPS | AGENCY ACTION | | FEES TO BE PAID | PROCESSI NG TIME | PERSON RESPONSIBLE | |
| 1. Report affected community | the re | erify/validate cported case of ster/calamity | None | 10 Minutes | LDRRMO LDRRM Office | |
| | 1.2 Conduct the Rapid Damage Assessment Need Analysis to determine the needed resources for response | | None | 1-2 days | LDRRMO, MPDC, MEO, MAO, MSWDO, MHO | |
| | | TOTAL: | None | 1-2 days a | and 10 minutes* | |



Disaster Response (Emergency Situation)

The Local Disaster Risk Reduction Management Office provides immediate response to any disaster or calamities to preserve life and meet basic subsistence needs of affected population based on acceptable standards during or immediately after a disaster.

| Office: Local Dis | | Local Disaster R | ocal Disaster Risk Reduction and Management | | | |
|--|---|---|---|-----------------|------------------------|--|
| Classification: | | Simple | | | | |
| Type of Transaction: | | G2C | | | | |
| Who may avail: All Res | | All Residents | All Residents | | | |
| CHECKLIST OF REQUIREMENTS | | WHERE TO SECURE | | | | |
| Occurrence of disaster or any emergency situations | | | | | | |
| Client Steps | A | gency Action | Fees to be paid | Processing Time | Person Responsible | |
| 1. Report occurrence of disaster | | Verify/validate reported case of ster | None | 3 Minutes | LDRRMO LDRRM Office | |
| | | Deployment and onse proper | None | 3 Minutes | LDRRMO LDRRM Office | |
| | | TOTAL: | None | e 6 Minutes | | |



Referral of Applicants for Special Program for Employment of Students (SPES)

The Special Program for Employment of Students aims to help poor but deserving students and out-of-school youth in pursuing their education by encouraging their employment during summer vacation.

| Office: | Public Employment Service Office | | | |
|--|--|------------------------------------|--|--|
| Classification: | Simple | | | |
| Type of Transaction: | G2C, G2G, G2B | | | |
| Who may avail: | Students and out of School Youth (OSY) applying under | | | |
| | SPES must meet the following criteria:15 to 25 years old | | | |
| CHECKLIST OF REQUIREMENTS | | WHERE TO SECURE | | |
| Registration Form with I.D. pictures | | PESO Manager | | |
| 2. Any of the following to | attest to the applicant's | | | |
| age: | | -Local Civil Registrar/ Philippine | | |
| Birth/Baptismal ce | rtificate | Statistic Authority/ Church | | |
| 3. Any of the following to attest to the applicants | | | | |
| rating: | | | | |
| • Form 138 | | -School where you enrolled | | |
| Certification from the school registrar that | | -School where you enrolled | | |
| the student has pa | ssed during the | | | |
| previous semester | or school year | | | |
| Certified true copy | of the students class | -School where you enrolled | | |
| cards where the pa | assing grade could be | | | |
| determined | | | | |
| 4. Any of the following to attest the family's | | | | |
| income | | | | |
| Latest ITR of parer | nts/guardian | -BIR | | |
| Certificate from Pu | inong Barangay of low | -Barangay | | |
| income or indigend | cy with barangay seal | | | |

| Client Steps | Agency Action | Fees to be paid | Processing Time | Person Responsible |
|-------------------------------------|---|-----------------|--------------------|------------------------|
| 1. Submit application with complete | 1.1 Check the completeness of the requirements | None | 5 minutes | |
| requirements | 1.2 Interview applicant | None | 5 minutes | |
| | 1.3 Inform the applicant on the status of his/her application | None | 1 day | PESO Manager MDRRMO |
| 2. If hired report | Orientation of hired | None | 1 day | |
| to the PESO for | SPES | | | |
| orientation | | | | |
| | Total: | None | 2 days | and 10 minutes |



Referral of Application for DOLE Integrated Livelihood Program (DILP)

Livelihood Enhancement- to enable the existing livelihood undertakings of self-employed workers in the informal economy grow into viable and sustainable business that provide income at far with the minimum wage earners.

Livelihood Restoration- to enable the workers in the informal economy who were affected by the natural calamities, disasters and armed conflict restore their lost livelihood.

Livelihood Formation- to enable the long term unemployed poor in the informal economy to engage in livelihood undertakings to make them productive, particularly the youth, differently abled persons and indigenous peoples.

Public Employment Service Office

Office:

| Classification: | | Simple | | | | | |
|-----------------------------|------------------------------------|---------------------------------|---------------------------------|---------------------|---------------------------------|-----------------------|--|
| Type of Transac | ction: | | | | | | |
| Who may avail: | | | | mbı | nbulant vendors or peddlers, | | |
| | Tricycle Drivers/Operators | | | | | | |
| CHECKLI | IST OF F | REQUIREMENTS | | | WHERE TO SECURE | | |
| 1. Must be an a | Must be an accredited organization | | | O | Office of the Sangguniang Bayan | | |
| Certificate of Registration | | | | DOLE | | | |
| 3. By Laws | | | | | rganization | | |
| | Application Form for Assistance | | | | DOLE | | |
| | 5. Financial Statements | | | | Organization | | |
| 6. List of Officer | | | | | rganization | | |
| | ution Aut | horizing the Reque | est for | Organization | | | |
| Assistance | | | | | | | |
| | 8. Endorsement | | | Office of the Mayor | | | |
| Memorandum of Agreement | | | Client/ LGU | | | | |
| 10. Project proposal | | | | PESO | | | |
| 11.SB Resolution | | | Office of the Sangguniang Bayan | | | | |
| CLIENT STEPS | AGEN | NCY ACTION | TO B | Ε | PROCESSI NG TIME | PERSON RESPONSIBLE | |
| | • | /Check the | Non | е | 10 minutes | | |
| | • | eness of the | | | | | |
| | locumen | | | | PESO Manager | | |
| | | are referral letter None | | е | 10 minutes | MDRRMO | |
| | or endors | | N.I. | _ | 4 1 | | |
| | | it documents to ovincial Office | Non | е | 1 day | | |
| | | Total: | Non | е | 1 day ar | nd 20 minutes | |



Feedback and Complaints Mechanisms

| FEEDBACK AND COMPLAINTS MECHANISMS | | | | |
|---------------------------------------|--|--|--|--|
| How to send feedback | Answer the Client Feedback Form and drop it at the designated drop box at the Public Assistance & Complaint Desk (PACD) | | | |
| | Contact Info: 09102910768 Igusuyo@yahoo.com, Igusuyo@gmail.com | | | |
| How feedback is Processed? | Every Friday, the HRMO opens the drop box and compiles and records all feedback submitted. A compilation of all feedback forms is submitted to the Municipal Administrator for further action. | | | |
| | Feedback requiring answers are forwarded to the relevant offices and they are required to answer within three (3) days of the receipt of the feedback. | | | |
| | The answer of the office is then relayed to the citizen. | | | |
| | For inquiries and follow-ups, clients may contact the following contact number: 09102910768 | | | |
| How to file complaints? | Answer the client Complaint Form and drop it at the designated drop box at the Public Assistance & Complaint Desk (PACD) | | | |
| | For inquiries and follow-ups, clients may contact the following contact number: 09102910768 | | | |
| How complaints are processed? | The PACD Officer opens the complaints drop box on a daily basis and evaluates each complaint. | | | |
| | Upon evaluation that the complaint is meritorious, the PACD Officer shall start the investigation and forward the complaint to the relevant office for their explanation. | | | |
| | The PACD Officer will create a report after the investigation and shall submit it to the Head of Agency for Appropriate Action. | | | |
| | The Complaints Officer will give the feedback to the clients. | | | |
| | For inquiries and follow-ups, clients may contact the following telephone number: 09102910768 | | | |
| Contact Information of ARTA, PCC, CCB | Arta: Complaints@arta.Gov.ph / 1-Arta (2782) PCC:8888 | | | |
| 7.1.C.T.A., 1 OO, OOD | CCB: 0908-881-6565 (SMS) | | | |



LIST OF OFFICES

| Office | Address | Contact Information | |
|--|-------------------|---|--|
| Office of the Municipal Mayor | Suyo Municipal | Igusuyo@yahoo.com | |
| emice of the Manielpar Mayer | Hall, Poblacion, | Igusuyo@gmail.com | |
| Office of the Administrator | Suyo, Ilocos Sur | Igusuyo@yahoo.com | |
| | 2715 | Igusuyo@gmail.com | |
| Office of the General Services | | 0930-367-2468 | |
| Officer | | | |
| Office of the Vice Mayor and | | 0916-328-8008 | |
| Sangguniang Bayan | | osbsuyo2019@yahoo.com | |
| Office of the Municipal | | 0930-666-8287 | |
| Assessor | | marcianosacla1964@gmail.com | |
| Office of the Municipal | | 0916-328-8008 | |
| Planning and Development | | lgu2715@gmail.com | |
| Coordinator | | | |
| Office of the Municipal | | 0956-5139429/ | |
| Treasurer | | 0946-652-8013 | |
| | | mtosuyo2715@gmail.com | |
| Office of the Municipal | | 0921-332-7790 | |
| Engineer | | gilbertgiacao@gmail.com | |
| Office of the Municipal | | 0920-248-9533 | |
| Accountant Office of the Municipal Civil | | ianrichard_lorenzana@yahoo.com 09178777140 | |
| Office of the Municipal Civil | | mcrsuyo45@gmail.com | |
| Registrar Office of the Municipal Budget | | 0920-562-1242 | |
| Officer Of the Mullicipal Budget | | julius arcinas18@gmail.com | |
| Office of the Municipal Social | | , | |
| Welfare and Development | | 0947-142-7223 | |
| Officer | | | |
| Office of the Municipal | | 0907-407-5371 | |
| Agriculturist | | agrisuyo@gmail.com | |
| 7 igirealianet | Suyo Municipal | ag.ioayo e g.iiaiiiooiii | |
| | Health Office and | 2000 705 0454 | |
| Office of the Municipal Health | Birthing Facility | 0999-725-8154 | |
| Officer | Poblacion, Suyo, | suyorhu@yahoo.com.ph | |
| | Ilocos Sur | | |
| Office of the Legal Diseases | Suyo Municipal | | |
| Office of the Local Disaster | Hall, Poblacion, | 0905-779-4108 | |
| Rick Reduction & | Suyo, Ilocos Sur | rbistoyong@yahoo.com | |
| Management Officer | 2715 | | |