

Republic of the Philippines
CITY GOVERNMENT OF COTABATO
Region XII
OFFICE OF THE CITY MAYOR
Permits, License, Processing and Records Division

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MTOP ASSESSMENT FORM / ORDER PAYMENT

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Date

Date

OPERATOR'S NAME: _____

OPERATOR'S NAME: _____

ADDRESS: _____

ADDRESS: _____

CONTROL NO.: _____

CONTROL NO.: _____

ASSESSMENT:

- 1. Franchise Tax _____
- 2. Supervision Fee _____
 - a) Current Year _____
 - b) Prior Year _____
- 3. Surcharges / Penalty _____

ASSESSMENT:

- 1. Franchise Tax _____
- 2. Supervision Fee _____
 - c) Current Year _____
 - d) Prior Year _____
- 3. Surcharges / Penalty _____

ASSESSED BY: _____ **DUE DATE:** _____

ASSESSED BY: _____ **DUE DATE:** _____

O.R. _____
Amount _____
Date _____

O.R. _____
Amount _____
Date _____